

P11000057317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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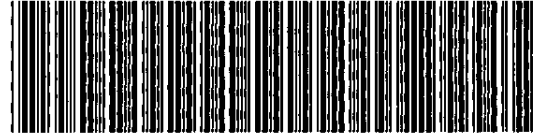
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 20 PM 3:43

Ps 6/21/11

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: CareMinders-Panama City, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 Filing Fee
☐ \$78.75 Filing Fee
& Certificate of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: Brian Schleicher

Name (Printed or typed)

200 South Main Street

Address

Alpharetta, GA 30009-1914

City, State & Zip

770-360-5554

Daytime Telephone number

bschleicher@careminders.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

CareMinders-Pariania City, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2518 Highway 77, Suite B
Lynn Haven, FL 32444-4730

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized to provide home care services and such other purposes as permitted by applicable law.

ARTICLE IV SHARES

The number of shares of stock is: 10,000 common shares, no par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Brian Schleicher, Chairman/CEO
Address: 200 South Main Street
Alpharetta, GA 30009-1914

Name and Title: _____
Address: _____

Name and Title: Gary Kneller, President
Address: 200 South Main Street
Alpharetta, GA 30009-1914

Name and Title: _____
Address: _____

Name and Title: Elaine Davis Jones, EVP Operations
Address: 200 South Main Street
Alpharetta, GA 30009-1914

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

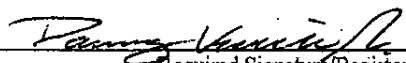
Name: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Brian Schleicher
Address: 200 South Main Street
Alpharetta, GA 30009-1914

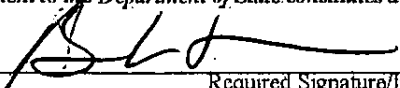
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent.

Danny Verdecchia, Jr. Asst. Secretary

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature/Incorporator

06/14/2011

Date

6/14/11

Date

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