

PII 000067016

(Requestor's Name)

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(City/State/Zip/Phone #)

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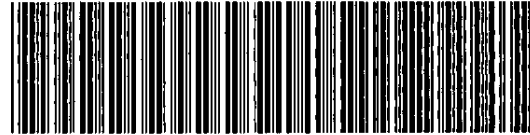
(Business Entity Name)

(Document Number)

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2011 JUL 25 PM 4:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T Burchett 26 2011

COVER LETTER

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

SUBJECT: ELOISE'S CARING HANDS CORPORATION
(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: CECILIA A HONEYWOOD

Name (Printed or typed)

20010 NW 14TH COURT

Address

MIAMI GARDENS, FL 33169

City, State & Zip

(954) 479-6874

Daytime Telephone number

honeywoodenterprise@yahoo.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

The name of the corporation shall be:

ELOISE'S CARING HANDS CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal street address

**6437 MIRAMAR PARKWAY
MIRAMAR, FL 33023**

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ELOISE L. DIXON-SMITH-PRES**

Address: **6437 MIRAMAR PARKWAY
MIRAMAR, FL 33023**

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: **CECILIA A HONEYWOOD**

Address: **20010 NW 14TH COURT
MIAMI GARDENS, FL 33169**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: **ELOISE L. DIXON-SMITH**

Address: **6437 MIRAMAR PARKWAY
MIRAMAR, FL 33023**

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

Cecilia A Honeywood

Required Signature/Registered Agent

MAY 29, 2011

Date

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.

Eloise Dixon-Smith

Required Signature/Incorporator

MAY 29, 2011

Date

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TALLAHASSEE, FLORIDA