

P11000071368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

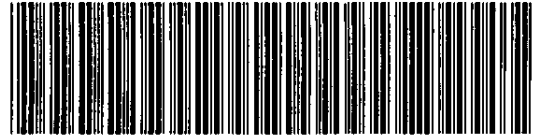
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W11000038901



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 AUG - 8 PM 3:14

gr 8/9/11

COVER LETTER

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

SUBJECT: ANGELIC HOME NURSING CARE 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: ARTHUR JACKSON
Name (Printed or typed)

1 FLORIDA PARK DR SOUTH #330
Address

PALM COAST FL 32137
City, State & Zip

(386) 446-8537
Daytime Telephone number

TTMTINCOMETAX@CFL.RR.COM
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2011 AUG - 8 PM 3:15

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
11 AUG -8 PM 12:30
DIVISION OF CORPORATIONS

July 25, 2011

ARTHUR JACKSON
1 FLORIDA PARK DR SOUTH #330
PALM COAST, FL 32137

SUBJECT: ANGELIC HOME NURSEING CARE INC
Ref. Number: W11000038901

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the **complete document**, including the **electronic filing cover sheet**.

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 211A00017505

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DIVISION OF CORPORATIONS
2011 AUG -8 PM 3:15

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:

ANGELIC HOME NURSING CARE INC.

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DIVISION OF CORPORATION

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address

1 FLORIDA PARK DR SOUTH

SUITE 330

PALM COAST FL 32137

Mailing address, if different:

2011 AUG - 8 PM 3:15

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDE HOME HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ARTHUR JACKSON, PRES

Address: 31 LEE DR

PALM COAST FL 32137

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: ARTHUR JACKSON

Address: 31 LEE DR

PALM COAST FL 32137

ARTICLE VII INCORPORATOR

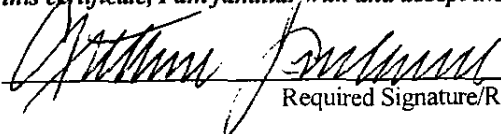
The name and address of the Incorporator is:

Name: MARCIA JACKSON

Address: 31 LEE DR

PALM COAST FL 32137

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

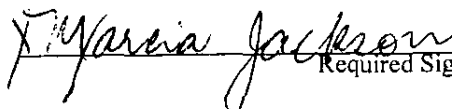


Required Signature/Registered Agent

07/18/11

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.



Required Signature/Incorporator

Date