

P1100078358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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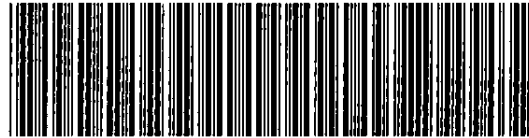
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP - 2 PM 1:31

PS 9/6/11

COVER LETTER

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

SUBJECT: HOME CARE ANGELS

(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: **DAVID J SILVIA SR**

Name (Printed or typed)

3890 49TH AVE. S

Address

ST. PETERSBURG, FL 33711

City, State & Zip

727-638-7738

Daytime Telephone number

DSILVIASR@GMAIL.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME HOME CARE ANGELS INC.
The name of the corporation shall be:

11 SEP -2 PM 1:31

ARTICLE II PRINCIPAL OFFICE
Principal street address
1135 PASADENA AVE. S SUITE 307
SOUTH PASADENA, FL 33707

Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
HOME CARE

ARTICLE IV SHARES
The number of shares of stock is: 100 SHARES NO PAR VALUE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>DEBORAH E SILVIA PRES / SECRETARY</u>	Name and Title: _____
Address: <u>3890 49TH AVE. S</u>	Address: _____
<u>ST. PETERSBURG, FL 33711</u>	_____

Name and Title: <u>DAVID J SILVIA SR VP / TREASURER</u>	Name and Title: _____
Address: <u>3890 49TH AVE. S</u>	Address: _____
<u>ST. PETERSBURG, FL 33711</u>	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____

ARTICLE VI REGISTERED AGENT

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

Name: DAVID J SILVIA SR
Address: 3890 49TH AVE. S
ST. PETERSBURG, FL 33711

ARTICLE VII INCORPORATOR

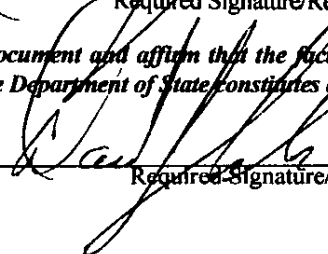
The name and address of the Incorporator is:

Name: DAVID J SILVIA SR
Address: 3890 49TH AVE. S
ST. PETERSBURG, FL 33711

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

	8-31-11
Required Signature/Registered Agent	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.

	8-31-11
Required Signature/Incorporator	Date