

P110000052422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

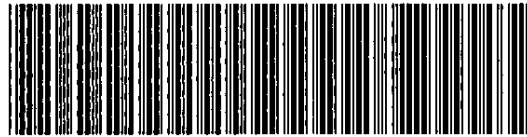
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/19/11--01036--002 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 19 AM 11:05

PS 9/20/11

COVER LETTER

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

SUBJECT: Butterfly home service 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: Ladislav Sanchez
Name (Printed or typed)
481 56 terrace south
Address
W.P.B FL 33415
City, State & Zip
954-638-1959
Daytime Telephone number
butterflyhomeservice@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)

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DIVISION OF CORPORATIONS

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ARTICLE I NAME

The name of the corporation shall be: Butterfly home service inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
481 56 terrace south
W.P.B FL 33415

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

the purpose of this corporation is to work with APD patients to give them a home and service ,apd are person with developmental disabilities.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Ladislav Sanchez PRES & R.A</u>	Name and Title:	_____
Address:	<u>481 56 terrace south</u>	Address:	_____
	<u>W.P.B FL 33415</u>		_____

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

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:

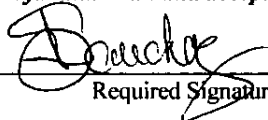
Name: Ladislav Sanchez, R.A
Address: 481 56 terrace south
W.P.B FL 33415

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ladislav Sanchez
Address: 481 56 terrace south
W.P.B FL 33415

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

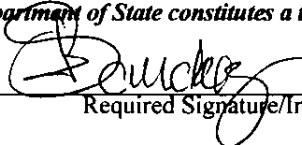


Required Signature/Registered Agent

9/13/11

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

9/13/11

Date