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(Business Entity Name)

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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

SUBJECT: A Tender Lovin Care Home Health 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: Margaret L. Jones  
Name (Printed or typed)

1100 Seagate Ave.  
Address

Neptune Beach, Florida 32266  
City, State & Zip

904-422-8702  
Daytime Telephone number

atenderlovincare@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)

**ARTICLE I NAME**

The name of the corporation shall be:

A Tender Lovin Care Home Health Service, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1100 Seagate Ave.  
#169  
Neptune Beach, FL 32266

Mailing address, if different is:  
1100 Seagate Ave.  
#169  
Neptune Beach, FL 32266

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide non-skilled medical assistance with daily living activities, and any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 10,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Margaret L. Jones, P. Dir.  
Address: 1100 Seagate Ave.  
#169  
Neptune Beach, FL 32266

Name and Title: Bruce Hicks, VP, Dir.  
Address: 3333 Shadow Creek Drive W.  
Orlando, FL 32832

Name and Title: Charles C. Mason- T  
Address: 106 Valencia Dr.  
Lafayette, La. 70506

Name and Title: Linda S. Jones- S  
Address: Louisiana Ave.  
#1103  
Lafayette, La. 70501

Name and Title: William C. Mason Jr. Dir.  
Address: P.O. Box 1627  
Opelousas, La. 70570

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: Margaret L. Jones  
Address: 1100 Seagate Ave. #169  
Neptune Beach, FL 32266

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Margaret L. Jones  
Address: 1100 Seagate Ave. #169  
Neptune Beach, FL 32266

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

Margaret L. Jones  
Required Signature/Registered Agent

October 7, 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.

Margaret L. Jones  
Required Signature/Incorporator

October 7, 2011  
Date

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