P11000094880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

700213154897

10/17/11--01023--015 **78.75

EFFECTIVE DATE 1-1-12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 OCT 31 PM 1:36

FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2011

CAROL HARTMANIS
9300 NORTH A1A, SUITE 101
VERO BEACH, FL 32963

SUBJECT: CAREGIVERS AT ORCHID, INC.
Ref. Number: W11000053428

We have received your document for CAREGIVERS AT ORCHID, INC. and your check(s) totaling $78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6901.

Pamela Smith
Regulatory Specialist II

Letter Number: 111A00023801

RECEIVED
11 OCT 31 AM 11:17
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Caregivers at Orchid, 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: Carol Hartmanis
Name (Printed or typed)

9300 North A1A, Suite 101
Address

Vero Beach, Florida 32963
City, State & Zip

772-492-4165
Daytime Telephone number

frostwinn@bellsouth.net
E-mail address: (to be used for future annual report notification)

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

Effective Date: January 1, 2012

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
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DIVISION OF CORPORATIONS
11 OCT 31 PM 1:37

ARTICLE I NAME

The name of the corporation shall be: CAREGIVERS AT ORCHID,

ARTICLE II PRINCIPAL OFFICE

Principal street address: 9430 Seagrape Drive, Vero Beach, Florida 32963

Mailing address, if different is: 9300 North A1A Ste 101, Vero Beach, Florida 32963

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

for the care of adults with disabilities, specifically mentally challenged individuals.

EFFECTIVE DATE 1-1-12

ARTICLE IV SHARES 100

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carol Hartmanis
Address: 9300 North A1A Ste 101, Vero Beach, Florida 32963
President

Name and Title: Brett Harwood
Address: 1100 Main Street, Sebastian, Florida 32958
Director

Name and Title: Brett Harwood
Address: 1100 North Main Street, Sebastian, Florida 32958
Vice President

Name and Title: Michelle Watts
Address: 404 Bison Circle, Apopka, Florida 32712
Director

Name and Title: Carol Hartmanis
Address: 9300 North A1A Ste 101, Vero Beach, Florida 32963
Secretary, Treasurer

Name and Title: Carol Hartmanis
Address: 9300 North A1A Ste 101, Vero Beach, Fl. 32963
Director

ARTICLE VI REGISTERED AGENT

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

Name: Carol Hartmanis
Address: 9300 North A1A Ste. 101, Vero Beach, Florida 32963

Anne Breiding
8860 E. Orchid Island Circle
Vero Beach, Fl. 32963
Director

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carol Hartmanis
Address: 9300 North A1A Ste 101, Vero Beach, Florida 32963

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

Carol Hartmanis
Required Signature/Registered Agent

10-10-11
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.

Carol Hartmanis
Required Signature/Incorporator

10-10-11
Date