

P11000095348

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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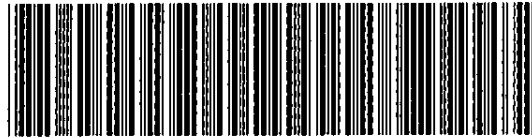
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11 NOV - 2 PM 4: 50

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

11 NOV - 2 PM 4: 58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11

## COVER LETTER

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

SUBJECT: Affinity Home Care Agency 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: Rodger Johnson  
Name (Printed or typed)  
3218 Thames Dr  
Address  
Tallahassee, FL 32309  
City, State & Zip  
(850) 980-4779  
Daytime Telephone number  
johnsonr2009@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: Affinity Home Care Agency inc

**FILED**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
3218 Thames Dr  
Tallahassee, FL  
32309

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Mailing address, if different is:  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide in-home care services  
to the elderly and persons with disabilities

**ARTICLE IV SHARES**

The number of shares of stock is: 2 shares

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

Name and Title: Rodger Johnson  
Address: 3218 Thames Dr  
Tallahassee, FL 32309  
President

Name and Title: Fred Johnson Sr.  
Address: 5415 Crump Rd.  
Tallahassee, FL 32309  
Vice President

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: Rodger Johnson  
Address: 3218 Thames Dr  
Tallahassee, FL 32309

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Rodger Johnson  
Address: 3218 Thames Dr  
Tallahassee, FL 32309

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

Rodger Johnson  
Required Signature/Registered Agent

11/12/2011  
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.

Rodger Johnson  
Required Signature/Incorporator

11/12/2011  
Date