

P12000005697

(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



500216055925

01/12/12--01010--018 **78.75

FILED

12 JAN 12 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 1/5/12

MRD
1/18/12

COVER LETTER

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

SUBJECT: Assure-U At Home Services, 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: Sam Strother

Name (Printed or typed)

7581 Rio Pinar Lakes Blvd

Address

Orlando, Florida 32822

City, State & Zip

407-970-9746

Daytime Telephone number

stroth4@aol.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 13, 2012

SAM STROTHER
7581 RIO PINAR LAKES BLVD
ORLANDO, FL 32822

SUBJECT: ASSURE-U AT HOME SERVICES, INC.
Ref. Number: W12000002490

We have received your document for ASSURE-U AT HOME SERVICES, 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 name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

Please return the corrected original and one copy of 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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 412A00000962

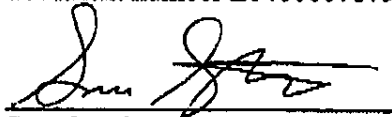
ASSURE-U AT HOME SERVICES, LLC
7581 RIO PINAR LAKES BLVD.
ORLANDO, FLORIDA 32822
407-970-9746
FAX 407-306-7953

January 18, 2012


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

To Whom It May Concern:

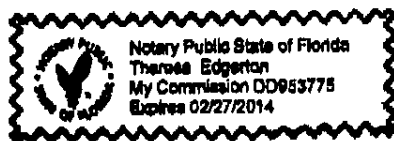
This is to notify you that I want to file my corporation in the same name as my LLC,
document number L04000071796. I am one in the same owner as the LLC.


Sam Strother, Owner

1-18-12
Date


Notary

1-18-12
Date



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: Assure-U At Home Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
7581 Rio Pinar Lakes Blvd.
Orlando, Florida 32822

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Sam Strother, President
Address: 7581 Rio Pinar Lakes Blvd.
Orlando, Florida 32822

Name and Title: _____
Address: _____

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: Theresa Edgerton
Address: 7581 Rio Pinar Lakes Blvd.
Orlando, Florida 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Sam Strother
Address: 7581 Rio Pinar Lakes Blvd.
Orlando, Florida 32822

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

Theresa Edgerton
Required Signature/Registered Agent

1/9/12
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.

Sam Strother
Required Signature/Incorporator

1-9-12
Date

FILED
12 JAN 12 PM 2:20
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

EFFECTIVE DATE 1/5/12