

P12000005775

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

111-60078

Office Use Only



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11/28/11--01042--002 **78.75

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: JHG LOVING GOUP HOME CARE, 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: JOSETTE GASPARD

Name (Printed or typed)

5553 BOYNTON PLACE

Address

BOYNTON BEACH, FL.33437

City, State & Zip

(561) 929-6170 OR 561-502-4454

Daytime Telephone number

josetteby@yahoo.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

December 30, 2011

JOSETTE GASPARD ****3rd ML****
5065 SANCERRE CIRCLE
LAKE WORTH, FL 33463

SUBJECT: JHG LOVING GROUP HOME CARE, INC.
Ref. Number: W11000060078

We have received your document for JHG LOVING GROUP HOME CARE, 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):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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 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) 245-6962.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 711A00026817

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:

JHG LOVING GROUP HOME CARE, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

5553 BOYNTON PLACE

BOYNTON BEACH

FL 33437

Mailing address, if different is:

5065 SANCERRE CIRCLE

LAKE WORTH

FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PERSON WITH DISABILITIES (APD)

ARTICLE IV SHARES

The number of shares of stock is: 5

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HAROLD GASPARD (V)

Address: 5065 SANCERRE CIRCLE

LAKE WORTH FL 33463

Name and Title: _____

Address: _____

Name and Title: JOSETTE GASPARD (P)

Address: 5065 SANCERRE CIRCLE

LAKE WORTH

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: JOSETTE GASPARD

Address: 5065 SANCERRE CIRCLE

LAKE WORTH FL 33463

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Jolette Gaspard

Address: 5553 Boynton Place

Boynton beach FL 33437

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

Jolette Gaspard

Required Signature/Registered Agent

11/28/2011

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.

Jolette Gaspard

Required Signature/Incorporator

11/28/11

Date