

P120000017158

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DIVISION OF CORPORATE AFFAIRS

2/20  
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8

W120000007723

## COVER LETTER

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

SUBJECT: **ELDER CARE HOME MAKER & COMPAGNION 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: **MARIE FRANCE BERCY**  
Name (Printed or typed)

**2681 AIRPORT RD SOUTH C-105**  
Address

**NAPLES, FLORIDA 34112**  
City, State & Zip

**239-732-7614**  
Daytime Telephone number

**FRANCESIM3@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

RECEIVED  
12 FEB 17 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 8, 2012

MARIE FRANCE BERCY  
2681 AIRPORT RD SOUTH C-105  
NAPLES, FL 34112

SUBJECT: ELDER CARE HOME MAKER & COMPAGNION INC  
Ref. Number: W12000007723

We have received your document for ELDER CARE HOME MAKER & COMPAGNION 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):

It appears that the word COMPAGNION in the name of this entity is misspelled. If this misspelling was intentional, simply resubmit the document with the word spelled COMPAGNION. If you did not misspell this word intentionally, please correct the spelling to read COMPANION and resubmit the document for processing.

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) 245-6995.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 312A00005583

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

ELDER CARE HOME MAKER & COMPANION SERVICE INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2681 AIRPORT RD SOUTH C-105

NAPLES, FLORIDA 34112

Mailing address, if different is:

2681 AIRPORT RD SOUTH C-105

NAPLES, FLORIDA 34112

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ELDER CARE HOME MAKER & COMPAGNION SERVICE INC (error) Ms B 

ELDER CARE HOME MAKER & COMPANION SERVICE INC,

**ARTICLE IV SHARES**

The number of shares of stock is: ONE (1)

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

Name and Title: MARIE FRANCE BERCY/ DIRECTOR

Address: 2681 AIRPORT RD SOUTH C-105

NAPLES, FLORIDA 34112

Name and Title: MARIE FRANCE BERCY/ DIRECTOR

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NAPLES, FLORIDA 34112

Name and Title: MARIE FRANCE BERCY / DIRECTOR

Address: 2681 AIRPORT RD SOUTH C-105

NAPLES, FLORIDA 34112

**ARTICLE VI REGISTERED AGENT**

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

Name: MARIE FRANCE BERCY / DIRECTOR

Address: 2681 AIRPORT RD SOUTH C-105

NAPLES, FLORIDA 34112

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: MARIE FRANCE BERCY

Address: 2681 AIRPORT RD SOUTH C-105

NAPLES, FLORIDA 34112

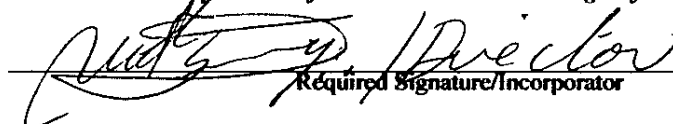
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

  
Required Signature/Registered Agent

Date

02/03/2012

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.

  
Required Signature/Incorporator

Date

02/03/2012

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