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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
3/1/12

COVER LETTER

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

SUBJECT: All Well Homecare, 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: Julius A. Adeyiga

Name (Printed or typed)

8579 SW 23rd Court

Address

Miramar, FL 33025

City, State & Zip

(954)342-5877

Daytime Telephone number

jadeyiga86@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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME All Well Homecare, Inc
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
10031 Pines Blvd, Suite 246
Pembroke Road, Fl 33024

Mailing address, if different is:
8579 SW 23rd Court
Miramar, Fl 33025

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide home care services to individual, hospitals and other health facilities.

To provide referral services of health personnel to individuals, hospitals and other health facilities.

To undertake any other lawful health related activities.

ARTICLE IV SHARES

The number of shares of stock is: 1,000 hares at \$0.50 per share

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julius A. Adeyiga, President
Address: 8579 SW 23rd Court
Miramar, Fl 33025

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: Small Bus. Information & Resource : (SBIR) Corp
Address: 10031 Pines Blvd, Suite 246
Pembroke Pines, Fl 33024

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julius A Adeyiga
Address: 8579 SW 23rd Court
Miramar, Fl 33025

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

[Signature]
Required Signature/Registered Agent

02/27/2012
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.

[Signature]
Required Signature/Incorporator

02/27/2012
Date