

P12000069219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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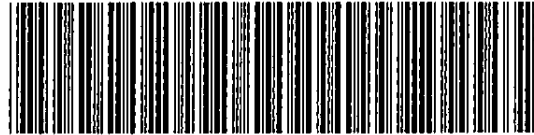
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers AUG 13 2012

COVER LETTER

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

SUBJECT: LM Home Healthcare, 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: Lisa Minich

Name (Printed or typed)

2127 Portside Passage

Address

Palm Harbor, FL 34685

City, State & Zip

727-515-3866

Daytime Telephone number

lminich2@tampabay.rr.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 LM Home Healthcare, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
2127 Portside Passage
Palm Harbor, FL 34685

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Home health services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Minich, Pres.
Address: 2127 Portside Passage
Palm Harbor, FL 34685

Name and Title: _____
Address: _____

Name and Title: Jody Stallings, Secy /Treas.
Address: 1689 Eagle Trace Blvd.
Palm Harbor, FL 34685

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: Jody Stallings
Address: 1689 Eagle Trace Blvd
Palm Harbor, FL 34685

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

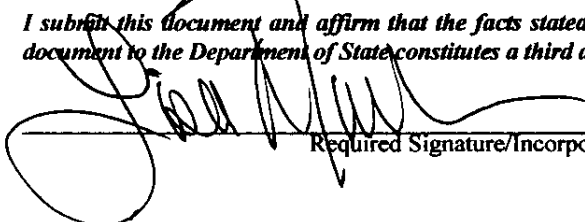
Name: Lisa Minich
Address: 2127 Portside Passage
Palm Harbor, FL 34685

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

8/1/2012
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.


Required Signature/Incorporator

8/1/2012
Date

12 AUG 10 PM 1:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA