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12 OCT -9 AM 9:56
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PS 10/10/11

COVER LETTER

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

SUBJECT: PRESTIGIOUS HEALTHCARE AGENCY, 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: PRESTIGIOUS HEALTHCARE AGENCY, INC.
Name (Printed or typed)

5101 SW 114 WAY
Address

DAVIE, FL 33330
City, State & Zip

954 366-8472
Daytime Telephone number

PHZAMOR@YAHOO.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)

FL 000
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

PRESTIGIOUS HEALTHCARE AGENCY, INC

12 OCT -9 AM 9:56

ARTICLE II PRINCIPAL OFFICE

Principal street address

5101 SW 114 WAY

DAVIE, FL 33330

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROVIDING HOME CARE SERVICES TO THE COMMUNITY

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PAULETTE ZAMOR PRESIDENT

Address: 5101 SW 114 WAY
DAVIE, FL 33330

Name and Title: STANLEY ZAMOR VICE-PRESIDE

Address: 5101 SW 114 WAY
DAVIE, FL 33330

Name and Title: KIMBERLY ZAMOR

Address: 5101 SW 114 WAY
DAVIE, FL 33330

Name and Title: PEGGY ZAMOR

Address: 5101 SW 114 WAY
DAVIE, FL 33330

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: PAULETTE ZAMOR

Address: 5101 SW 114 WAY
DAVIE, FL 33330

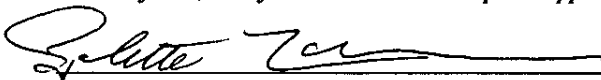
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: PAULETTE ZAMOR

Address: 5101 SW 114 WAY
DAVIE, FL 33330

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

10-4-12

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.



Required Signature/Incorporator

10-4-12

Date