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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: TRUE COMPANIONS INC. HOME CARE PROVIDERS
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: MORRIS MCCRAY, (OWNER / ADMINISTRATOR)

Name (Printed or typed)

1225 WEST BEAVER STREET

Address

JACKSONVILLE, FLORIDA 32204

City, State & Zip

(770) 445-1592

Daytime Telephone number

ADMIN@TRUECOMPANIONSINC.ORG

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

The name of the corporation shall be: **TRUE COMPANIONS INC. HOME CARE PROVIDERS**

ARTICLE II PRINCIPAL OFFICE

Principal street address
TRUE COMPANIONS INC. HOME CARE PROVIDERS
1225 WEST BEAVER STREET
JACKSONVILLE, FLORIDA 32204

Mailing address, if different is:
TRUE COMPANIONS INC. HOME CARE PROVIDERS
6075 ROSWELL ROAD, SUITE 630
ATLANTA, GA 30328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE IN-HOME HEALTH CARE SERVICES TO ELDERLY, HANDICAP, AND CONVALESCENT.

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MORRIS D. MCCRAY, (ADMINISTRATOR), (CEO)
Address: 72 CLAY COURT
HIRAM, GA
30141-4413

Name and Title: NORRIS MCCRAY, (SECRETARY)
Address: 72 CLAY COURT
HIRAM, GA
30141-4413

Name and Title: TYREKE A. MCCRAY, (PRESIDENT)
Address: 2700 ROBIN WAY
MARIETTA, GA
30064

Name and Title: (RN) IVAN MOTE, NURSING DIRECTOR
Address: 11010 YELLOW JACKET DRIVE
CALLAHAN, FLORIDA
32011

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: MORRIS MCCRAY, (OWNER / ADMINISTRATOR)
Address: 1225 WEST BEAVER STREET
JACKSONVILLE, FLORIDA, 32204

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: MORRIS D. MCCRAY, (OWNER / ADMINISTRATOR)
Address: 72 CLAY COURT
HIRAM, GA, 30141-4413

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

Morris D. McCray
Required Signature/Registered Agent

12/18/2012
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.

Morris D. McCray
Required Signature/Incorporator

12/18/2012
Date

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