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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H13000008218 3)))



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To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : TRIAD PROFESSIONAL SERVICES, LLC
Account Number : I20020000094
Phone : (770) 777-2091
Fax Number : (770) 220-1943

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION
AdvoQuest Home Care, Inc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

1/11
8

COVER LETTER

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

SUBJECT: AdvoQuest Home Care, 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: Triad Professional Services, LLC

Name (Printed or typed)

1720 Windward Concourse, Ste. 390

Address

Alpharetta, GA 30005

City, State & Zip

770-777-2091

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

(((H13000008218 3)))

SECRETARY OF STATE
TALLAHASSEE, FL 32314

13 JAN 10 PM 12:39

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAMEThe name of the corporation shall be: AdvoQuest Home Care, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

7866 W. Commercial Blvd.Lauderhill FL 33351**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: home health franchisor**ARTICLE IV SHARES**The number of shares of stock is: 10,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: David Maymon, President, Secretary & TreasurerAddress: 7866 W. Commercial Blvd.Lauderhill FL 33351

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

SECRETARY OF STATE
TALLAHASSEE FLORIDA

13 JAN 10 PM 12:39

FILED

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: NRAI Services, Inc.
Address: 515 East Park Avenue
Tallahassee, FL 32301

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: David C. Peck
Address: 401 E. Las Olas Blvd.
Fort Lauderdale, FL 33301

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

Shawn L. Cleary
Required Signature/Registered Agent

1/10/13
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.

David C. Peck
Required Signature/Incorporator

1/10/13
Date

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TALLAHASSEE FLORIDA