

P1300011951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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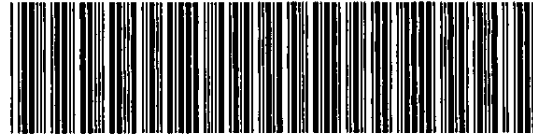
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 FEB -4 AM 11:29

Ps 4513

COVER LETTER

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

SUBJECT: First Class Companion 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Deneane Alfaro-Maldonado

Name (Printed or typed)

PO Box 4093

Address

Fort Myers Beach, FL 33931

City, State & Zip

239-313-8793

Daytime Telephone number

nannypoppinz@aol.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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be: First Class Companion Care, Inc. 13 FEB -4 AM 11:29

ARTICLE II PRINCIPAL OFFICE

Principal street address

121 Delmar Ave
Fort Myers Beach, FL 33931

Mailing address, if different is:

PO Box 4093
Fort Myers Beach, FL 33931

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to offer in-home non-medical companion services
to seniors in the community.

ARTICLE IV SHARES

The number of shares of stock is: 50,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Deneane Alfaro-Maldonado (President)

Address: 121 Delmar Avenue
Fort Myers Beach, FL 33931

Name and Title: Linda Alfaro-Maldonado (Vice- President)

Address: 121 Delmar Avenue
Fort Myers Beach, FL 33931

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____	Name and Title: <u>13 FEB -4 AM 11:29</u>
Address: _____	Address: _____
_____	_____
_____	_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:


Name: Deneane Alfaro-Maldonado
Address: 121 Delmar Avenue
Fort Myers Beach, FL 33931

ARTICLE VII INCORPORATOR

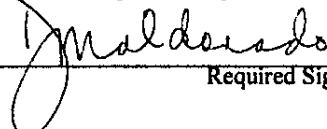
The **name and address** of the Incorporator is:

Name: Deneane Alfaro-Maldonado
Address: 121 Delmar Avenue
Fort Myers Beach, FL 33931

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	1/29/2013 _____ Date
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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	1/29/2013 _____ Date
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