

P 13000019552

(Requestor's Name)

(Address)

(Address)

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☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

691-  
W13000007595



600244214756

02/05/13--01016--017 \*\*78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 FEB 25 PM 2:13

2/28/13

## COVER LETTER

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

**SUBJECT:** Christian Senior 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:** Sean Nichols

Name (Printed or typed)

617 Green Rock Ct.

Address

Apopka, FL 32712

City, State & Zip

321-277-2707

Daytime Telephone number

drycleanone@aol.com

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

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DIVISION OF CORPORATIONS

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
13 FEB 25 PM 12:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 7, 2013

SEAN NICHOLS  
617 GREEN ROCK CT.  
APOPKA, FL 32712

SUBJECT: CHRISTIAN SENIOR HOME CARE INC.  
Ref. Number: W13000007595

We have received your document for CHRISTIAN SENIOR HOME CARE INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 013A00003064

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DIVISION OF CORPORATIONS  
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ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**ARTICLE I NAME**

The name of the corporation shall be: Christian Senior Home Care Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13 FEB 25 PM 2: 13

Mailing address, if different is:

617 Green Rock Ct.


Apopka, Fl 32712

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Home Companion Service

**ARTICLE IV SHARES**

The number of shares of stock is:

  
100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Sean Nichols President

Name and Title: \_\_\_\_\_

Address 617 Green Rock Ct.

Address: \_\_\_\_\_

Apopka, Fl 32712

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
Address \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Sean Nichols  
Address: 617 Green Rock Ct.  
Apopka, FI 32712

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

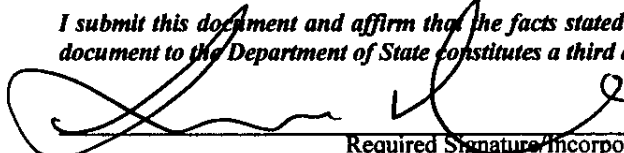
Name: Sean Nichols  
Address: 617 Green Rock Ct.  
Apopka, FI 32712

*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

1/30/13  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

1/30/13  
\_\_\_\_\_  
Date