

P13000021675

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

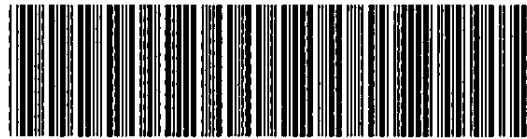
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/27/13--01025--013 **26.25

01/24/13--01014--003 **52.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 11 AM 11:54

W13-12418

Am 2/11/13

COVER LETTER

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

SUBJECT: Gentle Hand Companion 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: Carline Jean. Eustache
Name (Printed or typed)

3526 Coral Springs Dr.
Address

Coral Springs FL. 33065
City, State & Zip

954-798-6454
Daytime Telephone number

Ticanami1221@yahoo.com
E-mail address: (to be used for future annual report notification)

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

February 6, 2013

Department of State-Division of Corporations

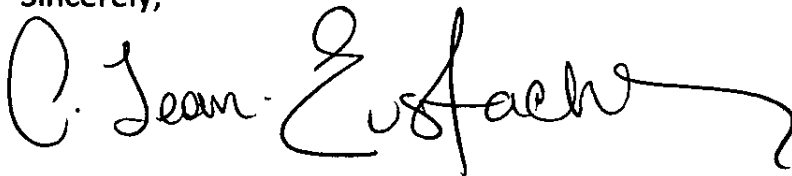
Re: N0500000808

Attention: Darlene Connell- Regulatory Specialist II

Please be advised that I am requesting the difference of \$26.25 be applied to the money order initially sent for \$ 52.50 for the Article Amendment which was denied. I would like \$26.50 be applied to the new application for Gentle Hand Companion, INC.

Should you have any questions, please feel free to contact me, Carline Jean-Eustache, at 954-485-8873.

Sincerely,

A handwritten signature in black ink, reading "C. Jean-Eustache". The signature is fluid and cursive, with a long horizontal stroke extending from the end of the name.

Carline Jean-Eustache- Director, MSW



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 1, 2013

CARLINE JEAN EUSTACHE
3526 CORAL SPRINGS DR
CORAL SPRINGS, FL 33065

SUBJECT: GENTLE HAND COMPANION, INC.
Ref. Number: W13000012418

We have received your document for GENTLE HAND COMPANION, 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):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

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.

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 713A00004962

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:

Gentle Hand Companion, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3526 Coral Springs Dr.
Coral Springs, FL 33065

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of Gentle Hand Companion, Inc is to provide a non-medical Companionship in the home such as: meal preparation, medication reminder, dressing, bathing, housekeeping, and transportation services. Gentle Hand Companion Inc is committed to providing the best possible care, highest level of customer services, dedication, and quality of care with a peace of mind.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Carline Jean-Eustache - Director

Address

3526 Coral Springs Dr.
Coral Springs, FL 33065

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 11 AM 11:56

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:

Carline Jean-Eustache

Address:

3526 Coral Springs Dr.

Coral Springs, FL 33065

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Carline Jean-Eustache, MSW

Address:

3526 Coral Springs

Coral Springs, FL 33065

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

C. Jean-Eustache
Required Signature/Registered Agent

2.7.13

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.

C. Jean-Eustache
Required Signature/Incorporator

2.7.13

Date

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