

P 13000036590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

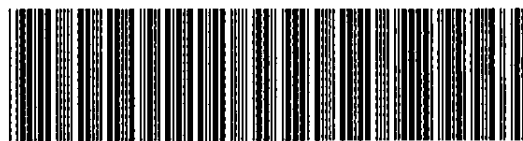
(Document Number)

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Office Use Only

W130000-20739



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04/08/13--01031--020 \*\*70.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
13 APR 22 PM 2:51

4/23/13

**COVER LETTER**

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

**SUBJECT:** Faith 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:** Marjorie Thompson  
Name (Printed or typed)  
1301 NW 89th Drive  
Address  
Coral Springs, FL 33071  
City, State & Zip  
954-803-1644  
Daytime Telephone number  
myhomemakerinc@hotmail.com  
E-mail address: (to be used for future annual report notification)

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



RECEIVED

13 APR 22 PM 4:17

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 9, 2013

MARJORIE THOMPSON  
1301 NW 89TH DRIVE  
CORAL SPRINGS, FL 33071

SUBJECT: MY HOMEMAKER AND COMPANION SERVICES, INC.  
Ref. Number: W13000020739

We have received your document for MY HOMEMAKER AND COMPANION SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

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: 813A00008375

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**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: Faith Home Care, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

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Mailing address, if different is:

1301 NW 89th Drive

Coral Springs, FL 33071

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Marjorie Thompson, P Name and Title: \_\_\_\_\_

Address 1301 NW 89th Drive Address: \_\_\_\_\_  
Coral Spring, FL 33071

Name and Title: Darlyne Perez, VP Name and Title: \_\_\_\_\_

Address 8450 Lagos de Campo Address: \_\_\_\_\_  
Blvd, #301  
Tamarac, FL 33321

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: Marjorie Thompson

Address: 1301 NW 89th Drive

Coral Springs, FL 33071

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Marjorie Thompson

Address: 1301 NW 89th Drive

Coral Springs, FL 33071

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*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*

Marjorie Thompson

Required Signature/Registered Agent

4/19/13

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.*

Marjorie Thompson

Required Signature/Incorporator

4/19/13

Date