

P13000083769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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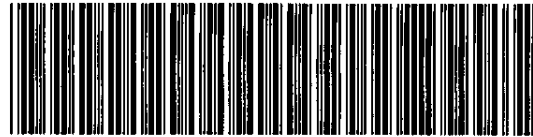
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MD 10/11

COVER LETTER

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

SUBJECT: Sweet Home Forever, 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: Elsa Cruz - Acosta
Name (Printed or typed)
7315 Kinsbury Circle
Address
Tampa, FL 33610
City, State & Zip
813-481-2078
Daytime Telephone number
ouimass@hotmail.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)

ARTICLE I NAME

The name of the corporation shall be: Sweet Home Forever, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

7315 Kinsbury Circle
Tampa, Fl 33610

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide Supervision or assistance with activities of daily living (ADLs) for people with disabilities, also coordination of services by outside health care providers and monitoring of resident activities to help to ensure their health, safety, and well-being.

ARTICLE IV SHARES

The number of shares of stock is:

TWO \leq 50%

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Elsa Cruz-Acosta (the Presidente)

Name and Title:

Address

7315 Kingsbury Circle
Tampa Fl 33610

Address:

Name and Title:

Luis Garcia Martinez (the secretary)

Name and Title:

Address

4004 Munro
Tampa Fl 33603

Address:

Name and Title:

Name and Title:

Address

Address:

(conti.)

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name:

Elsa Cruz - Acosta

Address:

7315 Kingsbury Circle
Tampa, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:


Name:

Elsa Cruz - Acosta

Address:

7315 Kingsbury Circle
Tampa, FL 33610

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

8/15/2013

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

8/15/2013

Date