

201477 Ps 10/17/13



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 1, 2013

COPY

RECEIVED  
13 OCT 15 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DARLENE M KENNEDY  
898 FIFTH AVE S #303  
NAPLES, FL 34102

SUBJECT: HOME CARE RELIEF INC.  
Ref. Number: W13000054472

We have received your document for HOME CARE RELIEF INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date can be no more than 90 days after the date of filing.

Please return 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.

Pamela Smith  
Regulatory Specialist II

Letter Number: 913A00023018

*I apologize for the inconvenience.  
Please make date of filing  
after October 1, 2013 upon  
receipt of the returned document  
contact # 216 513 1648 if needed. Thank You*  
*[Signature]*

## COVER LETTER

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

SUBJECT: HOME CARE RELIEF 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: DARLENE M. KENNEDY  
Name (Printed or typed)

898 FIFTH AVE. S. #303  
Address

NAPLES, FL. 34102  
City, State & Zip

216 513 1648  
Daytime Telephone number

dmkhomecare@sbcglobal.net  
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: HOME CARE RELIEF INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

898 FIFTH AVE. S.  
# 201 + 202  
NAPLES, FL 34102

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: HOME MAKER SERVICES,  
INCLUDING: ASSIST IN DAILY ACTIVITIES  
TO THE ELDERLY, SUCH AS; MEAL PREP,  
GROCERY SHOPPING, CLEANING, LAUNDRY,  
MED REMINDER, SAFETY, ACCOMPANIMENT  
TO APPOINTMENTS, RESPIRE, ETC...

**ARTICLE IV SHARES**

The number of shares of stock is: 500

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

Name and Title: DARLENE M. KENNEDY Name and Title: \_\_\_\_\_  
CEO/PRESIDENT/SEC/TREASURER  
Address: 898 FIFTH AVE. S. Address: \_\_\_\_\_

# 303  
NAPLES, FL 34102

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

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

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

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

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DIVISION OF CORPORATIONS  
13 OCT 15 PM 1:19

(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: DARLENE M. KENNEDY  
Address: 898 FIFTH AVE. S. #303  
NAPLES FL 34102

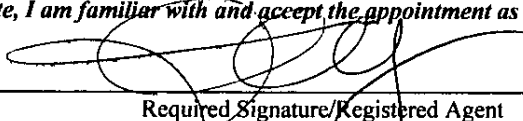
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DARLENE M. KENNEDY  
Address: 898 FIFTH AVE. S. #303  
NAPLES. FL 34102

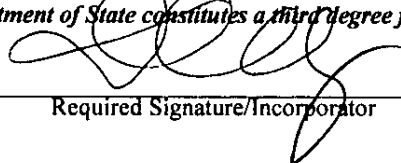
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DIVISION OF CORPORATIONS  
13 OCT 15 PM 1:19

*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

9/26/13  
\_\_\_\_\_  
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

9/26/13  
\_\_\_\_\_  
Date

**ARTICLE VIII EFFECTIVE DATE**

JANUARY 1, 2014  
