

P13000860314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/07/13--01003--012 **78.75

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 21 PM 4: 32

PS 10/22/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 8, 2013

JAMES GUEST
50 KINDRED ST
STUART, FL 34994

SUBJECT: YOUR HOME HEALTH CARE, INC.
Ref. Number: W13000055897

RECEIVED
13 OCT 21 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for YOUR HOME HEALTH 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 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: 613A00023599

COVER LETTER

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

SUBJECT: YOUR HOME HEALTH 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: JAMES GUEST
Name (Printed or typed)

50 KINDRED STREET
Address

STUART, FL 34994
City, State & Zip

(772) 286-9005
Daytime Telephone number

JGUEST@GPCPA.COM
E-mail address: (to be used for future annual report notification)

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

GPG

Guest • Peavy • Guest

Certified Public Accountants, P.A.

50 Kindred Street, Suite 303, Stuart, FL 34994
T: (772) 286-9005 1(800) 314-1019 F: (772) 286-5030

October 2, 2013

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

RE: Articles of Incorporation
YOUR HOME HEALTH CARE, INC.

Dear Sir/Madam:

In reference to the party mentioned above, please find enclosed the original and one copy of the Articles of Incorporation to be filed with the Department of State, State of Florida. Also enclosed is my check in the amount of \$78.75, which represents \$35.00 for the filing fee, \$35.00 for the registered agent fee and \$8.75 for the Certified Copy. Please return the certified copy of the Articles of Incorporation.

If you have any questions, please feel free to contact me.

Sincerely,

JAMES GUEST, CPA

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

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ARTICLE I NAME

The name of the corporation shall be: YOUR HOME HEALTH CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

50 Kindred Street, Suite 303

Stuart, FL 34994

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The general nature of the business to be transacted by this

Corporation is to engage in any and all business permitted

under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 (One Hundred)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mark Grove Name and Title: _____

Address: 50 Kindred Street, Suite 303 Address: _____

Stuart, FL 34994 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(conti.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

13 OCT 21 PM 4:32

ARTICLE VI REGISTERED AGENT

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

Name: Robert Guest

Address: 50 Kindred Street, Suite 303
Stuart, FL 34994

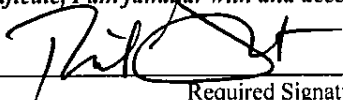
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mark Grove

Address: 50 Kindred Street, Suite 303
Stuart, FL 34994

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

10-2-13

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

10-2-13

Date