

P/40000/5009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

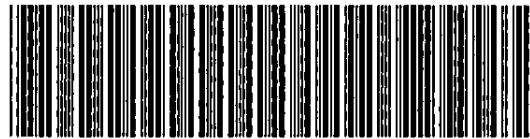
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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K 02/18/14

COVER LETTER

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

SUBJECT: ADVANCED HOME CARE & COMPANIONS, 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: ROBERTO SANTIESTEBAN

Name (Printed or typed)

10164 HART BRANCH CIR

Address

MIAMI, FL 32832

City, State & Zip

407-601-0318

Daytime Telephone number

advancedhcc@gmail.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: ADVANCED HOME CARE & COMPANIONS, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

10164 HART BRANCH CIR
ORLANDO, FL 32832

Mailing address, if different is:

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: HOMEMAKER COMPANION SERVICES
EMPLOY INDIVIDUALS TO DO HOUSEKEEPING, COOK, RUN ERRANDS
AND PROVIDE COMPANIONSHIP TO THE ELDERLY AND ADULTS
WITH DISABILITIES.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ROBERTO SANTIESTEBAN/PRESIDENT

Address 10164 HART BRANCH CIR
ORLANDO, FL 32832

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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(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: ROBERTO SANTIESTEBAN
Address: 10164 HART BRANCH CIR
ORLANDO, FL 32832

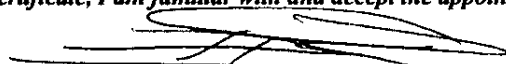
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROBERTO SANTIESTEBAN
Address: 10164 HART BRANCH CIR
ORLANDO, FL 32832

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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




Required Signature/Registered Agent

02/09/2014

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

02/09/2014

Date