

P14000020936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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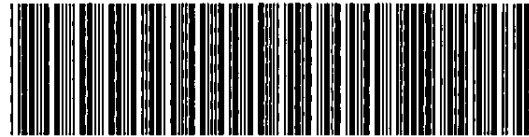
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

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

**SUBJECT: Sensi Care Services, 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: Beverly M Davis**

Name (Printed or typed)

**105 Lucaya Court**

Address

**Saint Johns, FL 32259**

City, State & Zip

**904 466-1922**

Daytime Telephone number

**Beverly.Davis353@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: Sensi Care Services, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

105 Lucaya Services

Saint Johns, FL 32259

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: for the purposes of transacting any and all business for which corporations may be incorporated under chapters 607 and 621 of Florida Statutes including, but not limited to, establishing and operating a professional corporation which is a home health care company providing in-home homemaker, companion, personal care, nursing services, therapy and transportation services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: Beverly M Davis, CEO

Address: 105 Lucaya Court  
Saint Johns, FL 32259

Name and Title: Beverly M Davis, COO

Address: 105 Lucaya Court  
Saint Johns, FL 32259

Name and Title: Beverly M Davis, CFO

Address: 105 Lucaya Court  
Saint Johns, FL 32259

Name and Title: Beverly M Davis, Chief Marketing Officer

Address: 105 Lucaya Court  
Saint Johns, FL

Name and Title: Beverly M Davis, Chief Technology Officer

Address: 105 Lucaya Court  
Saint Johns, FL 32259

Name and Title:

Address:

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14 MAR -3 AM 8:06  
CLERK OF STATE  
TALLAHASSEE FLORIDA

(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: Beverly M Davis  
Address: 105 Lucaya Court  
Saint Johns, FL 32259

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Beverly M Davis  
Address: 105 Lucaya Court  
Saint Johns, FL 32259

*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*

Beverly M. Davis  
Required Signature/Registered Agent

2/24/14  
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.*

Beverly M. Davis  
Required Signature/Incorporator

2/24/14  
Date  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
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