

P14000027493

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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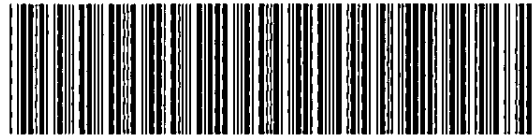
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAR 27 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAR 28 2014

J. BRYAN

COVER LETTER

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

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14 MAR 27 AM 8:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Avery's Home 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

☐ \$78.75 Filing Fee & Certified Copy
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED

FROM: Leroldine Avery
Name (Printed or typed)

8440 Concord Blvd W
Address

Jacksonville, Florida 32208
City, State & Zip

(904) 765-7932
Daytime Telephone number

groverdaniels2000@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: Avery's Home Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Geraldine Avery
8440 Concord Blvd W
Jacksonville FL 32208

Mailing address, if different is:

134 W 23rd St
Jacksonville, FL
32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Services to the public.
Any lawful business

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Geraldine Avery CEO Name and Title: _____

Address: 8440 Concord Blvd W Address: _____
Jacksonville FL
32208

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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:

Grover Daniels

Address:

1863 Wells Rd G73

Jacksonville, FL 32073

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Geraldine Avery

Address:

134 W. 23rd St

Jacksonville, FL 32206

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

Grover D. Daniels
Required Signature/Registered Agent

3/13/2014
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.

Geraldine Avery
Required Signature/Incorporator

3-13-2014
Date

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