

7014000045879

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

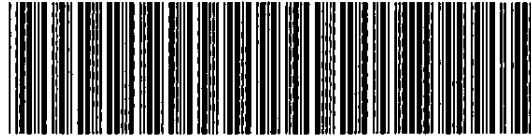
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200259791602

05/06/14--01028--013 \*\*70.00

FILED  
14 MAY 23 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W14-25278

✓ 05/27/14



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 8, 2014

CRYSTAL FOSTER  
2004 W. SILVER SPRINGS BLVD.  
OCALA, FL 34475

SUBJECT: HEAVEN SENT, INC.  
Ref. Number: W14000029278

We have received your document for HEAVEN SENT, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L03000026275 (HEAVEN SENT, LLC).

Please return the corrected original and one copy of 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.

Thomas Chang  
Regulatory Specialist II  
New Filing Section

Letter Number: 014A00009927

## COVER LETTER

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

SUBJECT: **HEAVEN SENT SUPPORT 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

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

**ADDITIONAL COPY REQUIRED**

FROM: **CRYSTAL FOSTER**  
Name (Printed or typed)  
**2004 W. SILVER SPRINGS BLVD**  
Address  
**OCALA, FL 34475**  
City, State & Zip  
**(352) 351-4248**  
Daytime Telephone number  
**heavensent35223@yahoo.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: HEAVEN SENT SUPPORT SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

2004 W. SILVER SPRINGS BLVD.  
OCALA, FL 34475

Mailing address, if different is:

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: Provides direct personal care assistance, residential rehabilitation and homemaker/companion services to persons with disabilities.

**ARTICLE IV SHARES**  
The number of shares of stock is: 1

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

Name and Title: CRYSTAL FOSTER, OWNER

Address 2004 W. SILVER SPRINGS BLVD  
OCALA, FL 34475

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

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

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

Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

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

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

FILED  
14 MAY 23 PM 12:25  
SECRETARY 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: MARY WASHINGTON  
Address: 2004 W. SILVER SPRINGS BLVD  
OCALA, FL 34475

FILED  
14 MAY 23 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: CRYSTAL FOSTER  
Address: 2004 W. SILVER SPRINGS BLVD.  
OCALA, FL 34475

*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*

Mary Washington  
Required Signature/Registered Agent

5-19-14  
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.*

Crystal Foster  
Required Signature/Incorporator

05-18-2014  
Date