

P/4000082903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

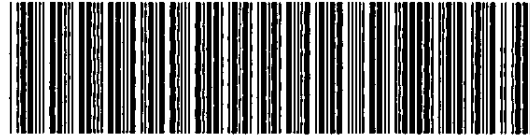
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



000264885930

10/06/14--01026--002 \*\*70.00

FILED  
14 OCT -6 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/08/14

# OLIVENE GRAHAM JAMES HHA INC

13125 SW 44 ST, MIRAMAR FL 33027 (954)804-7009

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

September 10, 2014

**Subject: Release of Corporation Name**

This is to certify that I am the president of Olivene Graham James HHA, Inc., listed under document No: P13000006159, and registered by me with the State of Florida's Department of State, Division of Corporations. I have decided effective immediately to release the name and make it available to be used as a corporation name by the general public.

I also affirm that I will not attempt to reinstate the name or hold anyone liable for using the name in the future.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'O' followed by a long horizontal line.

Olivene G. James  
President

**COVER LETTER**

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

**SUBJECT: OLIVENE GRAHAM JAMES HHA 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: OLIVENE G. JAMES**  
Name (Printed or typed)  
**13125 SW 44 ST**  
Address  
**MIRAMAR, FL 33027**  
City, State & Zip  
**954-804-7009**  
Daytime Telephone number  
**AL\_MAYUNGBE@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**    OLIVENE GRAHAM JAMES HHA INC.  
The name of the corporation shall be: \_\_\_\_\_

**ARTICLE II    PRINCIPAL OFFICE**  
Principal street address    Mailing address, if different is:  
13125 SW 44 ST    \_\_\_\_\_  
MIRAMAR, FL 33027    \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III    PURPOSE**    To Provide home healthcare services  
The purpose for which the corporation is organized is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV    SHARES**    1000  
The number of shares of stock is: \_\_\_\_\_

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

Name and Title: OLIVENE G. JAMES-PRSD    Name and Title: \_\_\_\_\_  
Address: 13125 SW 44 ST    Address: \_\_\_\_\_  
MIRAMAR, FL 33027    \_\_\_\_\_  
\_\_\_\_\_

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

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

FILED  
OCT -6 AM 11:21  
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: ALBERT A. MAYUNGBE, CPA  
Address: 111 NW 183RD ST, SUITE 402  
MIAMI, FL 33169

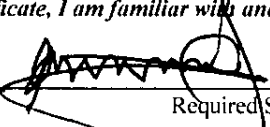
**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: OLIVENE G. JAMES  
Address: 13125 SW 44 ST  
MIRAMAR, FL 33027

FILED  
14 OCT -6 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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

09/10/2014

\_\_\_\_\_  
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

09/10/2014

\_\_\_\_\_  
Date