

PH000046380

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

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

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

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

☐ PICK-UP

☐ WAIT

☐ MAIL

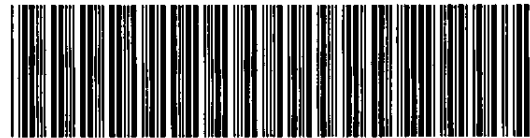
\_\_\_\_\_  
(Business Entity Name)

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

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

Special Instructions to Filing Officer:

Office Use Only



000263339970

08/20/14--01025--008 \*\*78.75

CHL 010  
14 OCT 20 AM 7:19  
SECTION 1901  
TALLAHASSEE, FLORIDA

W914-52335

**COVER LETTER**

Ref# W14000052335

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

**SUBJECT: Confidential 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: Cheryn Conly Kincaid**

Name (Printed or typed)

**20733 Chestnut St**

Address

**Dunnellon, FL 34431**

City, State & Zip

**352-489-5955**

Daytime Telephone number

**confidential.serv@gmail.com**

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2014

SAMANTHA TURLINGTON  
3606 W CYPRESS DR  
DUNNELLON, FL 34431

SUBJECT: SAMANTHA TURLINGTON  
Ref. Number: W14000052335

We have received your document for SAMANTHA TURLINGTON and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page of the Articles of Incorporation are missing from your application.

Please return 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.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 814A00018353

**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: Confidential Services, Inc

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address

20733 Chestnut St  
Dunnellon, FL 34431

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: We will provide in home services for the elderly and/or disabled.

We will assist in "activities of daily living". Run errands, pick up meds, light housekeeping, cooking, animal care,

**ARTICLE IV SHARES** 10,000

The number of shares of stock is: \_\_\_\_\_

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

Name and Title: Kelly Conly-President

Address: 20733 Chestnut St  
Dunnellon, FL 34431

Name and Title: Cheryn Kincaid Secretary

Address: 20733 Chestnut St  
Dunnellon, FL 34431

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

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

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

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

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

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

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

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

SECRETARY  
JANUARY 1, 2019  
14 OCT 20 AM 7:19

(cont.)

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: Cheryn Kincaid  
Address: 20733 Chestnut St  
Dunnellon, FL 34431

**ARTICLE VII INCORPORATOR**

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

Name: Cheryn Kincaid  
Address: 20733 Chestnut St  
Dunnellon, FL 34431

14 OCT 20 AM 7:13  
RECEIVED  
STATE  
DEPARTMENT OF  
REVENUE

*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*

Cheryn Kincaid  
Required Signature/Registered Agent

10-15-2014  
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.*

Cheryn Kincaid  
Required Signature/Incorporator

10-15-2014  
Date

**Amendment to Articles of Incorporation**

**Ref # W14000052335**

**October 15, 2014**

**Confidential Services, Inc  
20733 Chestnut St  
Dunnellon, FL 34431  
352-489-5955  
Confidential.serv@gmail.com**

**Cheryn Kincaid**

**Article VIII**

**We would like to be incorporated as of 01-01-2015..**

*Cheryn Kincaid*