

P140000 86619

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

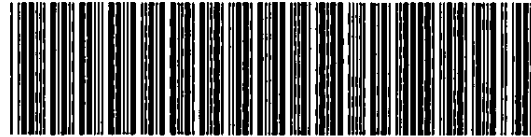
Special Instructions to Filing Officer:

Office Use Only

W1400062341

OCT 23 2014

T. SCOTT



400265153834

10/09/14--01008--005 **78.75

OCT 22 PM 3:55

RECEIVED
DIVISION OF REVENUE
OCT 22 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 13, 2014

MARLENE ROBINSON
7950 SOUTH MILITARY TRAIL, #105
LAKE WORTH, FL 33463

SUBJECT: HORIZON HOME CARE, INC.
Ref. Number: W14000062341

We have received your document for HORIZON HOME CARE, INC. 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 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.

One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 414A00021871

10/17/2014

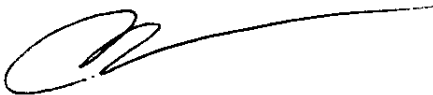
Department of State
Divisions of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
14 OCT 22 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Horizon Home Care, Inc.
W14000062341

Attached please find my request to incorporate Horizon Home Health Services, Inc. to replace above filing.

Please feel free to contact me at (561) 432-1932 for any additional information.



Marlene Robinson

2014 OCT 22 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Horizon Home Health 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: Marlene Robinson

Name (Printed or typed)

7950 South Military Trail, #105

Address

Lake Worth, FL 33463

City, State & Zip

561-432-1932

Daytime Telephone number

mrobinson@horizonnurse.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: Horizon Home Health Services, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7950 South Military Trail

#105

Lake Worth, FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provider of Home Health Care Services

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marlene Robinson, President

Address 7950 South Military Trail

#105

Lake Worth, FL 33463

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

OCT 22 PM 3:55

(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: Marlene Robinson
Address: 7950 South Military Trail, #105
Lake Worth, FL 33463

RECEIVED
DIVISION OF
CORPORATION
10-17-2014
OCT 22 PM 3:55

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Marlene Robinson
Address: 7950 South Military Trail, #105
Lake Worth, FL 33463

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

10-17-2014

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

10-17-2014

Date