

P/4000089865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

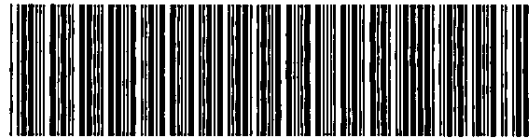
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 NOV -3 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W14-61684

11/04/14



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14 NOV -3 PM 2:20

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

October 9, 2014

LASCELLES BUCHANAN
2574 SOUTH HAIRSTON RD
DECATUR, GA 33035

SUBJECT: SUPREME HEALTH CARE SERVICES, INC.
Ref. Number: W14000061684

We have received your document for SUPREME HEALTH CARE SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

The registered agent must sign accepting the designation.

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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 814A00021648

COVER LETTER

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

SUBJECT: **SUPREME HEALTH CARE 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: **LASCELLES BUCHANAN**
Name (Printed or typed)
2574 SOUTH HAIRSTON RD
Address
DECATUR, GA. 30035
City, State & Zip
770-323-8331
Daytime Telephone number
alliedfin@bellsouth.net
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
Of
Supreme Health Care Services, Inc.

I

The name of the corporation Supreme Health Care Services, Inc.

II

The principal place of business and mailing address of the corporation is 13635 78th Place N, West Palm Beach, Fl 33412.

III.

The corporation shall have perpetual duration.

IV.

The corporation is a corporation for profit and is organized to provide elderly home and health care services and to engage in any lawful business or activities for which the corporation may be organized under the Florida Business Code.

V.

The corporation shall have authority, acting by its board of directors to issue not more than 500 shares of common class stocks having no par value.

VI.

The initial officers and directors of the corporation are as follows:.

**Dawn P. Blake-President
13635 78th Place, N
W. Palm Beach, Fl. 33412**

**Trisha M.Vason-vice president
3312 Theodore Hagen Dr. N.E
Washington,D.C.20018**

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TALLAHASSEE, FLORIDA

VII.

The name and Florida street address of the Registered Agent is Ms. Dawn P. Blake, 13635 78th Place, N, West Palm Beach, Fl. 33412.

VIII

The property of this corporation is dedicated for profitable purposes and the net income and assets of the organization shall benefit the corporation.

I hereby am familiar with and accept the duties and responsibilities as Registered Agent and agree to act in this capacity.

Dawn Blake 10/2/14

The name and address of the incorporator is :

Name

Address

Lascelles Buchanan

2574 S. Hairston Rd.
Decatur, Georgia, 30035

In Witness whereof, the undersigned incorporator has executed these Articles of incorporation.

This 2nd day of October, 2014.

L Buchanan

Name of incorporator or representative

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