

P15000004480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

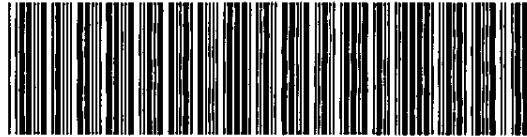
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

6091-



900265710279

11/03/14--01053--007 **87.50

FILED
15 JAN 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/16/15

COVER LETTER

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

SUBJECT: Dominion 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 ☐ \$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: Shaliz Williams
Name (Printed or typed)

5651 S.W. 2nd Street
Address

Plantation, FL 33317
City, State & Zip

954-993-5286
Daytime Telephone number

Shalizwp1975@gmail.com
E-mail address: (to be used for future annual report notification)

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

FILED
15 JAN 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 7, 2014

SHALIZ WILLIAMS
5651 SW 2ND STREET
PLANTATION, FL 33317

SUBJECT: DOMINION HEALTH CARE SERVICES INC.
Ref. Number: W14000067554

FILED
15 JAN 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DOMINION 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 state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 514A00023838

RECEIVED
15 JAN 15 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Dominion Health Care Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5651 S.W 2ND street
Plantation, FL 33317

N/A

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Residential Healthcare
Services

ARTICLE IV SHARES

The number of shares of stock is: 1

FILED
15 JAN 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Joseph R. Pierre (Dir)

Name and Title: Shaliz Williams officer

Address 5651 S.W 2ND street
Plantation, FL 33317

Address: 5651 SW 2ND street
Plantation, FL 33317

Name and Title: Alisha Ferguson Officer

Name and Title: _____

Address 7414 N.W 34 street
Lauderhill, FL 33319

Address: _____

Name and Title: Rachel Jones officer

Name and Title: _____

Address 5651 SW 2ND street
Plantation, FL 33317

Address: _____

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:

Shaliz Williams

Address:

5651 SW 2nd Street
Plantation, FL 33317

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Shaliz Williams

Address:

5651 S.W 2nd Street
Plantation, FL 33317

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

Shaliz Williams

Required Signature/Registered Agent

10/27/14

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.

Shaliz Williams

Required Signature/Incorporator

10/27/14

Date

FILED
15 JAN 15 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA