

P/50000016452

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

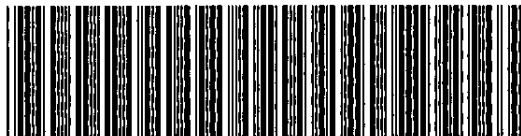
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: **Nava's Professional Caregiver 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: **Neva Butler**

Name (Printed or typed)

93260 Circle Dr.

Address

Pinellas Park, Fl. 33782

City, State & Zip

727-280-3238

Daytime Telephone number

radiokid0@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

The name of the corporation shall be: Nava's Professional Caregiver Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

93260 Circle Dr.

Pinellas Park, Fl. 33782

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to take care of the elderly in their own homes.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neva Butler

Name and Title: _____

Address 93260 Circle. Dr.

Address: _____

Pinellas Park, FL. 33782

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Neva Butler

Address: 93260 Circle Dr.

Pinellas Park, Fl. 33782

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Neva Butler

Address: 93260 Circle Dr.

Pinellas Park, Fl. 33782

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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

Neva Butler
Required Signature/Registered Agent

2-12-15
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.

Neva Butler
Required Signature/Incorporator

2-12-15
Date