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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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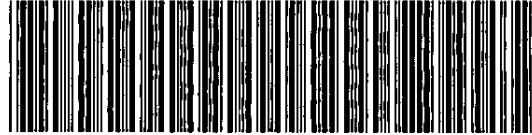
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/02/15--01037--006 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 MAR -2 AM 9:41

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: Advanced Home 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Heather M. Lang, Esq.

Name (Printed or typed)

101 E. Kennedy Blvd., Suite 3220

Address

Tampa, FL 33602

City, State & Zip

813-222-3216

Daytime Telephone number

heather.lang@salemlawgroup.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)

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Advanced Home Care Services, Inc. 15 MAR -2 AM 9:41

ARTICLE II PRINCIPAL OFFICE

Principal street address

101 East Kennedy Blvd., Suite 3220

Tampa, Florida 33602

SECREARY OF STATE
TAMPA, FLORIDA
Mailing address: if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Francisco Olivera, President and CEO Name and Title: _____

Address 101 E. Kennedy Blvd. Address: _____

Suite 3220

Tampa, FL 33602

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

APPROVED
AND
FILED (cont.)

15 MAR -2 AM 9:41

Name and Title: _____	Name and Title: _____
Address _____	Address: _____
_____	_____
_____	_____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Heather M. Lang, Esq.
Address: 101 E. Kennedy Blvd., Suite 3220
Tampa, FL 33602

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Francisco Olivera
Address: 101 E. Kennedy Blvd., Suite 3220
Tampa, FL 33602

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

<u>Heather M. Lang</u>	<u>02/24/2015</u>
Required Signature/Registered Agent	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.

<u>Francisco Olivera</u>	<u>02/24/2015</u>
Required Signature/Incorporator	Date