

P/50000 23990

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

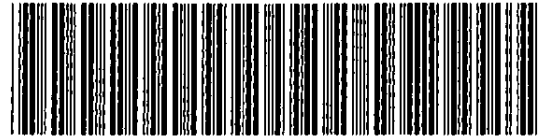
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 MAR 12 PM 12:20
TO ACCOUNTS
SUFFICIENCY OF FILING

RECEIVED
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15 MAR 12 PM 11:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Heaven Sent Elderly 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: Alfreda Harris
Name (Printed or typed)

1808 Quince Dr.
Address

Tallahassee, FL 32308
City, State & Zip

850-588-6724
Daytime Telephone number

heaven sent home care/c) centurylink.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

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Heaven Sent Elderly Care Services Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

1808 Quince Dr.
Tallahassee, FL 32308

Mailing address, if different is:

P.O. Box 32421
Tallahassee, FL 32315

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Senior in-home non-medical
Care. Homemaker / Companionship services

ARTICLE IV SHARES

The number of shares of stock is: 0 #4 / 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: A Hilda Harris / Warden Name and Title: _____

Address 1808 Quince Dr. Address: _____

Tallahassee, FL
32308

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

15 MAR 12 4:11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 11 2012
FILED

(cont.)

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:

1808 Quince Dr. Alfreda Harris

Address:

1808 Quince Dr.
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Alfreda Harris

Address:

1808 Quince Dr.
Tallahassee, FL 32308

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

Alfreda Harris

Required Signature/Registered Agent

3-12-15

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.

Alfreda Harris

Required Signature/Incorporator

3-12-15

Date

we have no intentions
of reinstating Ikeum Sent Elderly
Care Services, non-profit corporation
DOC# N14000002949

Alfred Harris
3-12-15