

P15000035510

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15 APR 14 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
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VH

## COVER LETTER

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

SUBJECT: Continuum of Care Adult Day Health & In-Home 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: Vrajesh Shah  
Name (Printed or typed)  
12626 Tropic Drive East  
Address  
Jacksonville, FL 32225  
City, State & Zip  
904-631-6670  
Daytime Telephone number  
brucewm@gmail.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: Continuum of Care Adult Day Health & Rehab, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

12626 Tropic Drive East

Jacksonville, FL 32225

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide adult day and in-home companion care.

**ARTICLE IV SHARES**

The number of shares of stock is: 500

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Vrajesh Shah, President

Address: 12626 Tropic Drive East  
Jacksonville, FL 32225

Name and Title: Smita Shah, Vice-President

Address: 12626 Tropic Drive East  
Jacksonville, FL 32225

Name and Title: Raj Shah (Officer)

Address: 12626 Tropic Drive  
Jacksonville FL 32225

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

15 APR 14 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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AND  
FILED

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AND  
FILED (cont.)

15 APR 14 PM 3:55

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: Vrajesh Shah  
Address: 12626 Tropic Drive East  
Jacksonville, FL 32225

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Vrajesh Shah  
Address: 12626 Tropic Drive East  
Jacksonville, FL 32225

*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*

Smita Shah  
Required Signature/Registered Agent

4/2/15  
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.*

Vrajesh Shah  
Required Signature/Incorporator

4/2/15  
Date