

P/5000042868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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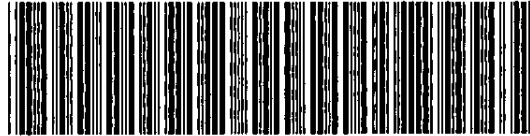
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 MAY -8 PM 3:44

05/13/15

COVER LETTER

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

SUBJECT: care@Home, Home Health Agency, 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

☒ ^{PL}\$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: Pamela Lewis

Name (Printed or typed)

9631 W. Heather Lane

Address

Miramar FL 33025

City, State & Zip

954 601-6110

Daytime Telephone number

Alva79@att.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: Care@Home, Home health Agency, inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

9000 Sheridan Street Suite 1
Pembroke Pines, FL 33024

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Health Agency

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Pamela Lewis

Name and Title: President

Address: 9631 W. Heather Ln
Miramar FL, 33025

Address: _____

Name and Title: Alfred Wilson

Name and Title: Vice-President

Address: 3007 Stockbridge way
Dacula GA. 30019

Address: _____

Name and Title: Winsome Roberts

Name and Title: Administrator

Address: 3230 Thames way
Miramar, FL 33024

Address: _____

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(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: Pamela Lewis
Address: 9631 W.Heather LN
Miramar, fl 33024

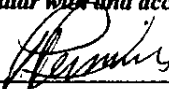
ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Alfred Wilson
Address: 9000 Sheridan Street Suite1
Pembroke Pines, FL 33025

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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

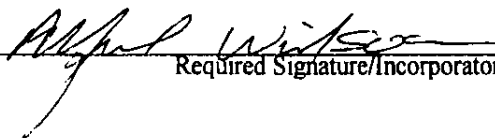


Required Signature/Registered Agent

04/17/2015

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.



Required Signature/Incorporator

04/17/2015

Date