

P15000067580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

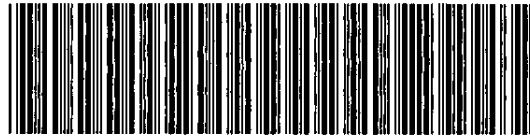
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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07/23/15--01014--005 **87.50

15 AUG 11 PM 3:21
FBI
RECEIVED
U.S. DEPT. OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

W15-50803

umd 8/12

COVER LETTER

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

SUBJECT: St. Michael Guardian Home Care 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

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

FROM: St. Michael Guardian Home Care Inc.
Name (Printed or typed)

1959 Clearview Lake Dr
Address

Clearwater, FL 33755
City, State & Zip

727-657-5803
Daytime Telephone number

burdenmarilou@yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2015

ST. MICHAEL GUARDIAN HOME CARE INC.
1959 CLEARVIEW LAKE DR.
CLEARWATER, FL 33755

SUBJECT: ST. MICHAEL GUARDIAN HOME CARE INC.
Ref. Number: W15000050803

We have received your document for ST. MICHAEL GUARDIAN HOME CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey
Regulatory Specialist II
New Filing Section

Letter Number: 615A00015796

August 6, 2015

Division of Corporations
5050 W Tennessee Street
P O Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Attached is a corrected copy of the Articles of Incorporation for St. Michael Guardian Home Care Inc filed on July 20, 2015.

No check is enclosed as payment was made with the original filing. The reference number for this document is W15000050803.

The correct incorporator's name has been entered in ARTICLE VII INCORPORATOR. Please expedite processing.

Sincerely,

A handwritten signature in cursive script that reads "Donald E. Kantner, Sr.".

Donald E. Kantner, Sr.
Registered Agent

COVER LETTER

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P. O. Box 6327
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ADDITIONAL COPY REQUIRED	

FROM: ST. MICHAEL GUARDIAN HOME CARE INC.

Name (Printed or typed)

1959 CLEARVIEW LAKE DR

Address

CLEARWATER, FL 33755

City, State & Zip

727-657-5803

Daytime Telephone number

burdenmarilou@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)

15 AUG 11 PM 3:21
RECORDED
2 AUG 11 10:00 AM

ARTICLE I NAME

The name of the corporation shall be: ST. MICHAEL GUARDIAN HOME CARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1959 CLEARVIEW LAKE DR

CLEARWATER, FL 33755

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide a loving home environment for special needs children.

To open and operate any business allowed by law to support the principle purpose.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Maria Rhim Caberto Name and Title: _____

Address 1959 Clearview Lake Drive Address: _____
Clearwater, FL 33755

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: Donald E Kantner, Sr
 Address: 1317 Tuscola Street
 Clearwater, FL 33756

15 AUG 11 PM 3:21
 RECEIVED
 AUGUST 11 2015
 11:00 AM
 11:00 AM

ARTICLE VII INCORPORATOR

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

Name: Maria Rhim Caberto
 Address: 1959 Clearview Lake Drive
 Clearwater, FL 33755

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Donald E. Kantner, Sr
 Required Signature/Registered Agent

August 6, 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.

[Signature]
 Required Signature/Incorporator

August 6, 2015
 Date