

P15000070015

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

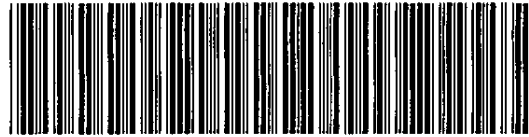
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FILED  
15 AUG 18 PM 3:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch AUG 25 2015

## COVER LETTER

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

**SUBJECT:** Homecare Consultants of Florida, 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Robbyn Arcaya  
\_\_\_\_\_  
Name (Printed or typed)  
  
2592 Westminster Terrace  
\_\_\_\_\_  
Address  
  
Oviedo, FL 32765  
\_\_\_\_\_  
City, State & Zip  
  
407-808-7173  
\_\_\_\_\_  
Daytime Telephone number  
  
robbynarcaya@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: Homecare Consultants of Florida, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2592 Westminster Terrace  
Oviedo, FL 32765

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any purpose for which a corporation may be set up in the state of Florida.

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**ARTICLE IV SHARES**

The number of shares of stock is: 50,000

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

Name and Title: Robbyn Arcaya, President

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

Address 2592 Westminster Terrace

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

Oviedo, FL 32765

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: Robbyn Arcaya  
Address: 2592 Westminster Terrace  
Oviedo, FL 32765

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**ARTICLE VII INCORPORATOR**

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

Name: Douglas C. Walters, CPA  
Address: 5266 Office Park Blvd., Suite 204  
Bradenton, FL 34203

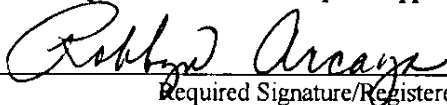
**ARTICLE VIII EFFECTIVE DATE:**

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*

  
\_\_\_\_\_  
Required Signature/Registered Agent

8/12/15  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature/Incorporator

8/12/15  
\_\_\_\_\_  
Date