

P15 0000 75918

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

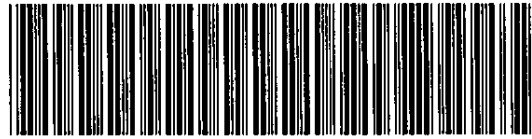
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2015 SEP 16 PM 3:51

SECRETARY OF STATE  
MAIL ASSISTANT (MAIL)

9/17/15

**COVER LETTER**

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

**SUBJECT:** Henderson Homemaker / Companion 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:** Evon Henderson  
Name (Printed or typed)

4711 SW 26 Street  
Address

West Park, FL 33023  
City, State & Zip

305-318-4200  
Daytime Telephone number

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

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

215 0000 55861

**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: Henderson Homemaker / Companion Services, INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

4711 Sw 26 St  
West Park, FL 33023

P.O. Box 5426  
West Park, FL 33083-5426

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to assist the elderly & disabled  
with their everyday needs

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SECRETARY OF STATE  
TALLAHASSEE, FL 32310

**ARTICLE IV SHARES**

The number of shares of stock is: 1

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

Name and Title: Evon Henderson - CEO Name and Title: \_\_\_\_\_

Address 4711 Sw 26 St Address: \_\_\_\_\_  
West Park, FL 33023

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: Evon Henderson  
Address: 4711 SW 26 St  
West Park, FL 33023

**ARTICLE VII INCORPORATOR**

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

Name: Evon Henderson  
Address: 4711 SW 26 St  
West Park, FL 33023

**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*

Evon Henderson  
Required Signature/Registered Agent

8-5-15  
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.*

Evon Henderson  
Required Signature/Incorporator

8-5-15  
Date