P 5000086455

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Ві	isiness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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COVER LETTER

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

SUBJECT: Diane's Spec	cial Home Care Inc.				
SCBOLC1.	(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u>)				
Enclosed is an original a	and one (1) copy of the Artic	les of Incorporation and	a check for:		
· ·		•			
\$70.00	\$78.75	□ \$78.75	\$87.50		
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,		
	Certificate of Status	& Certified Copy	Certified Copy & Certificate		
	Status		& Confinence		
		ADDITIONAL CO	PY REQUIRED		
		<u> </u>	.		
Marie E Simeon FROM:					
Name (Printed or typed)		•			
8206 Pennywell PL					
Address					
	Tampa, FL, 33615				

E-mail address: (to be used for future annual report notification)

8134459763

asandre70@yahoo.com

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

City, State & Zip

Daytime Telephone number



October 7, 2015

MARIE E. SIMEON 8206 PENNYWELL PL TAMPA, FL 33615

SUBJECT: DIANE'S SPECIAL HOME CARE, INC.

Ref. Number: W15000066655

We have received your document for DIANE'S SPECIAL 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):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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

www.sunbiz.org

Letter Number: 215A00021222

Division of Corporations DO DOV 6297 Tellahassas Florida 20214

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be:	
ARTICLE II PRINCIPAL OFFICE	50
Principal street address 8206 PENNYWELL PL TAMPA FL 33615	Mailing address, if different is:
	6 6
· · · · · · · · · · · · · · · · · · ·	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	USINESS IN THE STATE OF FLORIDA
as an adult family care home -	to help and house
as an adult family care home - Individuals in need of	specialized care
	•
•	
Name and Title: MARIE E. SIMBON- PRESIDENT	Name and Title:
	Name and Title:
Name and Title: MARIE E. SIMBON- PRESIDENT	
Name and Title: MARIE E. SIMBON- PRESIDENT	
Name and Title: MARIE E. SIMBON- PRESIDENT Address	Address:
Name and Title: MARIE E. SIMBON- PRESIDENT Address Name and Title:	Address: Name and Title:
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Name and Title: Address Name and Title:	Address: Name and Title: Address: Name and Title:
Name and Title: MARIE E. SIMBON- PRESIDENT Address Name and Title: Address	Address: Name and Title: Address: Name and Title:

Name at	nd Title:	Name and Title:
Address	s	
	REGISTERED AGENT Norida street address (P.O. Box NOT acceptab MARIE E, SIMEON 8206 PENNYWELL PL	
	TAMPA FL 33615	
ARTICLE VII	INCORPORATOR	
The <u>name and a</u>	ddress of the Incorporator is:	
Name:	MARIE E. SIMEON	
Address:	8206 PENNYWELL PL	
	TAMPA PL 33615	
Effective date, if (If an effective days after the fine) Note: If the date	iling.)	annot be more than five business days prior or 90 business table statutory filing requirements, this date will not be listed as
Having been no this certificate, i	med as registered agent to accept service of production with and accept the appointment	ocess for the above stated corporation at the place designated in as registered agent and agree to act in this capacity
*/LOVI	Required Signature/Registered Agen	Date
I submit this do document to the	cument and affirm that the facts stated hereis Department of State constitutes a third degree	are true. I am aware that the false information submitted in a felony as provided for in s.817.155, F.S.
Mar	ic E SIME DI	7 10-14-15 Date

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