

P160000006779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

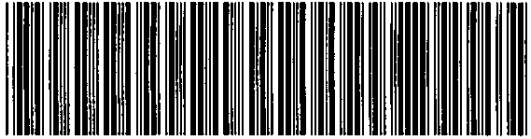
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

01/12/16--01027--022 **87.50

MD 1/26

COVER LETTER

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

SUBJECT: Tender Companions Care Incorporated
(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: Michelle Lees
Name (Printed or typed)

8597 Kumquat Ave
Address

Seminole, FL 33777
City, State & Zip

727-692-7883
Daytime Telephone number

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

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

To Whom It May Concern:

I am writing a letter of affidavit regarding Tender Companions Care Inc. Doc # P13000080259

I am releasing the corporate name with EIN # 46-3818645

I will not be reinstating this business under EIN # 46-3818645

I would like to purchase a new business license under the same

Name Tender Companions Care, Inc. with a new EIN # keeping it as an S Corp.

New articles of incorporation are attached

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Thank You,

Michelle Lees

Owner

Michelle Lees
Signature

Jan. 9, 2016
Date

STATE OF FLORIDA

COUNTY OF Pinellas

The foregoing instrument was acknowledged before me

this January 9, 2016 by Michelle Lees

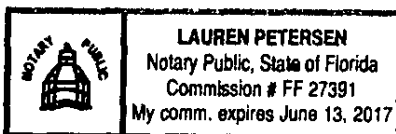
(name of person acknowledging), who is personally

known to me or who has produced Florida Drivers License

(type of identification) as identification and who

did (did not) take an oath.

Lauren Petersen



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: Tender Companions Care, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8597 Kumquat Ave
Seminole FL 33777

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michelle Lees Name and Title: President

Address 8597 Kumquat Ave Address: _____
Seminole, FL _____
33777 _____

Name and Title:

Name and Title:

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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: Tim SchwankeAddress: 15312 Carrollton Ln.Tampa, FL 3362416 JAN 12 AM 10:25
STATE OF FLORIDA
TAMPA**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Name: Michelle LeesAddress: 8597 Kumquat Ave
Seminole, FL 33777**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*Tim Schwanke

Required Signature/Registered Agent

1/7/2016

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.*Michelle Lees

Required Signature/Incorporator

1/7/2016

Date