

P 16 0000 15 605

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

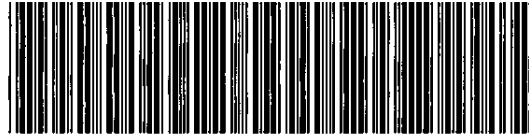
(Document Number)

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

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Office Use Only

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12/28/15--01028--023 \*\*78.75

FILED  
16 FEB -5 PM 2:44  
TALLAHASSEE, FLORIDA

2/18/16

## COVER LETTER

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

SUBJECT: TAYLOR HOME HEALTH CARE, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

TAX ID: 262352121

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: Nancy Ralston  
Name (Printed or typed)

6817 SOUTHPOINT PKWY SUITE 1502  
Address

JACKSONVILLE FL 32216  
City, State & Zip

904-534-1655  
Daytime Telephone number

NRALSTON@CONCIERGE@CAREFL.COM  
E-mail address: (to be used for future annual report notification)

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

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16 FEB -5 PM 2:44  
TALLAHASSEE, FLORIDA  
DEPT. OF STATE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

FILED

16 FEB -5 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 11, 2016

NANCY RALSTON  
6817 SOUTHPOINT PKWY  
SUITE 1502  
JACKSONVILLE, FL 32216

SUBJECT: TAYLOR HOME HEALTH CARE, INC.  
Ref. Number: W16000001538

We have received your document for TAYLOR HOME HEALTH CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with an affidavit or letter, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

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.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 716A00000633

RECEIVED  
16 FEB -5 AM 10:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

February 3<sup>rd</sup>, 2016

Florida Department of State Division of Corporations

PO Box 6327

Tallahassee, FL 32314

Re: Taylor Home Health Care, Inc.

To Whom It May Concern,

This packet is being sent in per my conversation with you and upon receiving the letter dated January 11<sup>th</sup>, 2016 regarding my rejection notice. I was informed to complete the application on line, and omit the director title from the company ownership. Additionally I was informed to send a signed statement from the prior owners that they are not going to revoke the dissolution of Taylor Home Health Care Inc. and release the name of Taylor Home Health Care Inc. to Concierge Home Care of Jacksonville, LLC. I have attached both of those documents as requested. Hopefully this satisfies the requirement to establish the company. Please use my original filing date if possible.

Please feel free to contact me with any questions/concerns you may have. I can be reached at (904) 534-1655. Thanks so much for your assistance with this matter.

Respectfully Submitted,



Nancy Ralston

Managing Partner Concierge Home Care of Jacksonville, LLC

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16 FEB -5 PM 2:45  
DIVISION OF STATE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

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:

TAYLOR HOME HEALTH CARE, INC.

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ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1728 KINGSLEY AVE, UNIT 5

ORANGE PARK, FL 32073

CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HOME HEALTH CARE SERVICES

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Business

Name and Title:

Concierge Home Care → Title - President

Address

OF JACKSONVILLE, LLC

Address:

6817 Southpoint PKWY, Suite 1502

JACKSONVILLE FL 32216

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: NANCY RALSTON

Address: 6817 SOUTHPOINT PKWY, SUITE 1502  
JACKSONVILLE FL 32216

**ARTICLE VII INCORPORATOR**

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

Name: Nancy Ralston

Address: 6817 Southpoint Pkwy, Suite 1502  
Jacksonville, FL 32216

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DEPARTMENT OF STATE  
ALBUQUERQUE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 12/15/2015 (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*

Nancy Ralston

Required Signature/Registered Agent

12/22/2015

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.*

Nancy Ralston

Required Signature/Incorporator

12/22/2015

Date