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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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COVER LETTER

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

SUBJECT: Absolute Home Health 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: Atisha Reliford
Name (Printed or typed)
2700 W. Atlantic Blvd. Suite 101
Address
Pompano Beach, FL 33069
City, State & Zip
(347) 337-9749
Daytime Telephone number
atisha_satchwell@yahoo.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)

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ARTICLE I NAME Absolute Home Health Services Inc
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is:
2700 W. Atlantic Blvd, Suite 101 _____
Pompano Beach, FL 33069 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: _____
The goal of this of this agency is to provide non-medical services to the state of Florida. We will not be engaging in the practice of medicine.

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Atisha Reliford/President	Name and Title:	_____
Address	2700 W. Atlantic Blvd. Suite 101	Address:	_____
	Pompano Beach, FL 33069		_____
	_____		_____
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: Atisha Reliford
 Address: 2700 W. Atlantic Blvd. Suite 101
Pompano Beach, FL 33069

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ARTICLE VII INCORPORATOR

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

Name: Atisha Reliford
 Address: 2700 W. Atlantic Blvd. Suite 101
Pompano Beach, FL 33069


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

 2/12/2016
 Required Signature/Registered Agent 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.

 2/12/2016
 Required Signature/Incorporator Date