

Division of Corporations

<https://efile.sunbiz.org/scripts/efilcovr.exe>

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000052777 3)))



H160000527773ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6381

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (800) 293-4075

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: lsjoe4bb@comcast.net

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR - 1 PM 4:50

FILED

**FLORIDA PROFIT/NON PROFIT CORPORATION
LISA'S IN HOME ASSISTANCE INC.**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

x

Electronic Filing Menu

Corporate Filing Menu

Help

03-02-16

H16000052777

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

LISA'S IN HOME ASSISTANCE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

344 CHARLEMAGNE BLVD #F204
NAPLES, FL 34112

FILED
16 MAR - 1 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1500 Shares @ No Par value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

LISA SPEISER
344 CHARLEMAGNE BLVD #F204
NAPLES, FL 34112

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

H16000052777

H16000052777

ARTICLES V EFFECTIVE DATE

The date of Corporate Existence shall begin is: UPON FILING

ARTICLES VI INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

LISA SPEISER - President/Director
344 CHARLEMAGNE BLVD #F204, NAPLES, FL 34112

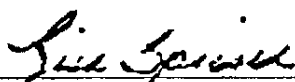
ARTICLES VII INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

LISA SPEISER
344 CHARLEMAGNE BLVD #F204, NAPLES, FL 34112

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

26th day of February 20 16



LISA SPEISER Signature

H16000052777

H16000052777

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LA WS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: LISA'S IN HOME ASSISTANCE INC.

2. The name and address of the registered agent and office is:

LISA SPEISER

Name

344 CHARLEMAGNE BLVD #F204

(P.O. Box or Mail Drop Box NOT Acceptable)

NAPLES, FL 34112

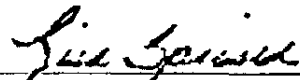
(City / State / Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR - 1 PM 4:50

FILED

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.



LISA SPEISER
SIGNATURE

02/26/2016

(Date)

H16000052777