

P16000022039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

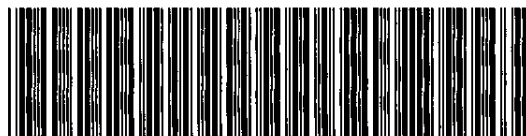
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

6016-10449

Office Use Only



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01/28/16--01008--016 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 MAR -9 AM 7:46

APPROVED
AND
FILED

1/H

COVER LETTER

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

SUBJECT: Lumene's Quality Care Services

(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Lumene Paulidor

Name (Printed or typed)

2318 Waterside Lane

Address

Vero Beach, Florida 32962

City, State & Zip

772-501-7969

Daytime Telephone number

lumenepaulidor@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 29, 2016

LUMENE PAULIDOR
2318 WATERSIDE LANE
VERO BEACH, FL 32962

SUBJECT: LUMENE'S QUALITY CARE SERVICES, INC.
Ref. Number: W16000010449

We have received your document for LUMENE'S QUALITY CARE SERVICES, 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):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 216A00002950

ARTICLES OF INCORPORATION

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

APPROVED
AND
FILED

ARTICLE I NAME

The name of the corporation shall be: Lumene's Quality Care Services, Inc.

16 MAR -9 AM 7:46

ARTICLE II PRINCIPAL OFFICE

Principal street address

2318 Waterside Lane

Vero Beach, FLorida 32962

MAILING ADDRESS
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To serve people who desire to live more independently and sufficient lives.

To provide counseling, evaulations, and recreational activities

To Provide quality care in the following services: Personal Supports, Life Skill I and Respite Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lumene Paulidor

Name and Title: Director

Address 2318 Waterside Lane

Address:

Vero Beach, Fl 32962

Name and Title: Betty Alexis

Name and Title:

Address 2318 Waterside Lane

Address:

Vero Beach, Fl. 32962

Name and Title:

Name and Title:

Address

Address:

AND
FILED

16 MAR -9 AM 7:46

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Lumene Paulidor
Address: 2318 Waterside Lane
Vero Beach, Fl. 32962

ARTICLE VII INCORPORATOR

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

Name: Lumene Paulidor
Address: 2318 Waterside Lane
Vero Beach, Fl. 32962

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

Lumene Paulidor

Required Signature/Registered Agent

4/1/2016

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.

Lumene Paulidor

Required Signature/Incorporator

4/1/2016

Date