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SECRETARY OF STATE
TALLAHASSEE FLORIDA

v. Culligan

JUN -2 2016

COVER LETTER

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

SUBJECT: SOPHIE'S ANGEL CARE, 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 ☒ \$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: FIDEL M. NAVARROZA

Name (Printed or typed)

18002 ALLISON PARK PLACE, UNIT 201

Address

TAMPA, FL 33647

City, State & Zip

224-848-9988

Daytime Telephone number

fidel@fstaxandaccounting.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)

ARTICLE I NAME

The name of the corporation shall be: SOPHIE'S ANGEL CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address
18002 Allison Park Place, Unit 201
Tampa, FL 33647

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide home health aide and/or certified nursing assistant service
including hands on non medical & non skilled personal care. Those services shall be done in private homes, health care
facilities, schools or other business entities on a temporary basis.

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ARTICLE IV SHARES

The number of shares of stock is: 2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Fidel Navarroza - President

Name and Title: _____

Address 18002 Allison Park Place, Unit 201
Tampa, FL 33647

Address: _____

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: Fidel Navarroza

Address: 18002 Allison Park Place, Unit 201

Tampa, FL 33647

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TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Fidel Navarroza

Address: 18002 Allison Park Place, Unit 201

Tampa, FL 33647

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

FIDEL NAVARROZA

Required Signature/Registered Agent

5/23/16
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.

FIDEL NAVARROZA

Required Signature/Incorporate

5/23/16
Date