

P16000071707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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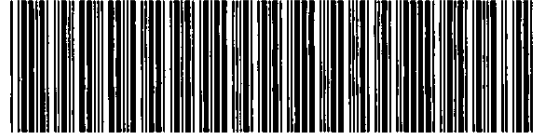
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/11/16--01018--023 **78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 AUG 11 AM 9:26

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~~14114-58538~~

7/4
8/3/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2016

NOSELINE THORCHON
PO BOX 5975
LAKE WORTH, FL 33466

SUBJECT: BLESSING HANDS SERVICES, INC.
Ref. Number: W16000058538

We have received your document for BLESSING HANDS SERVICES, 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):

A post office box is not an acceptable address for the registered agent.

Please return 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.

TANYA L HENDERSON
Regulatory Specialist II

Letter Number: 916A00017917

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Blessing Hands 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 ☒ \$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: Noseline Thorchon
Name (Printed or typed)
PO Box 5975
Address
Lake Worth, Florida 33466
City, State & Zip
561-598-0310
Daytime Telephone number
rosenose89@gmail.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

Blessing Hands Services, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

Mailing address, if different is:

PO Box 5975

244 Lake Arbor Drive

Lake Worth

Palm Springs, FL 33461

Florida 33466

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The company is organized to offer support and home health
care services to individuals with disabilities.

ARTICLE IV SHARES

500
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Noseline Thorehon - President

Name and Title: _____

Address: PO Box 5975

Address: _____

Lake Worth

Florida 33466

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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SECRETARY OF STATE
PALM BEACH, FLORIDA

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: _____
Noseline Thorchon

Address: 244 Lake Arbor Drive
Lake Worth, Florida 33461

ARTICLE VII INCORPORATOR

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

Name: _____
Noseline Thorchon

Address: PO Box 5975
Lake Worth, Florida 33466

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STATE OF FLORIDA
TALLAHASSEE

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

Noseline Thorchon
Required Signature/Registered Agent

8-05-16
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.

Noseline Thorchon
Required Signature/Incorporator

8-05-16
Date