

P16000013245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

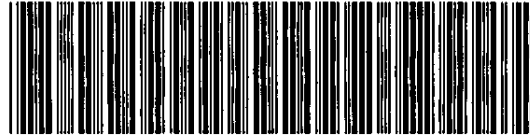
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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16 SEP - 7 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

9/28/16

## COVER LETTER

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

SUBJECT: Serenity Blue Health 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  
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: Paula Donald  
Name (Printed or typed)

736 West Street  
Address

Jacksonville FL 32204  
City, State & Zip

904-662-7547  
Daytime Telephone number

SerenityHomeHealthAid@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

August 24, 2016

PAULA DONALD  
736 WEST STREET  
JACKSONVILLE, FL 32204

SUBJECT: SERENTIY BLUE HEALTH CARE, INC.  
Ref. Number: W16000058634

We have received your document for SERENTIY BLUE HEALTH CARE, INC. and your check(s) totaling \$78.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete ARTICLES VI & VII.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 916A00017957

RECEIVED  
16 SEP -7 PM 1:12  
FILED  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

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 Serenity Blue Health Care, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

736 West Street  
Jacksonville, FL 32204

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Care For  
Children And Adult.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Paula Donald - President

Address: 736 West Street

Jacksonville FL 32204

Name and Title: Shuneka Stokes - Vice President

Address: 736 West Street

Jacksonville, FL 32204

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

16 SEP - 7 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE 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: PAULA DONALD

Address: 736 West St.  
JACKSONVILLE, FL 32204

**ARTICLE VII INCORPORATOR**

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

Name: Serenity Blue Health Care, INC Paula Donald

Address: 736 West St.  
JACKSONVILLE, FL 32204

16 SEP - 7 PM '14  
SECTION OF STATE  
TALLAHASSEE FLORIDA

**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*

Paula Donald

Required Signature/Registered Agent

8/3/14

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.*

Paula Donald

Required Signature/Incorporator

8/3/14

Date