

P17000004965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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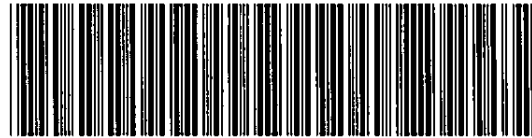
(Business Entity Name)

(Document Number)

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17 JAN 19 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

01/19/17

11/29/17

COVER LETTER

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

SUBJECT: CHRISTEL 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: CHRISTEL CARE, INC

Name (Printed or typed)

4973 BROADSTONE CIRCLE

Address

WEST PALM BEACH, FL 33417

City, State & Zip

561-644-2580

Daytime Telephone number

MSUCCESSINC@AOL.COM

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

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

CHRISTEL CARE, INC.
4973 BROADSTONE CIRCLE
WEST PALM BEACH, FL 33417


January 12, 2017

Department Of State Division of
Corporation Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Dissolution of the corporation below:
CHRISTEL CARE, INC.
4973 BROADSTONE CIRCLE
WEST PALM BEACH, FL 33417
P07000008117

To Whom It May Concern:

Please discontinue the above corporation effective today,
I don't wish to reinstate.



Loraine Day
President.

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: CHRISTEL CARE, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4973 BROADSTONE CIRCLE

WEST PALM BEACH, FL 33417

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALF FACILITY AND TO DO ANY AND ALL LAWFULL
BUSINESS

ARTICLE IV SHARES

The number of shares of stock is: 100

17 JAN 19 AM 11:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LORAIN DAY (P)

Name and Title: _____

Address 17851 ORANGE BLVD

Address: _____

LOXAHATCHEE, FL 33470

Name and Title: ADRIAN MONCRIEFFE (VP)

Name and Title: _____

Address 4973 BROADSTONE CIRCLE

Address: _____

WEST PALM BEACH, FL 33417

Name and Title: FELISHA SIMON (S)

Name and Title: _____

Address 4973 BROADSTONE CIRLE

Address: _____

WEST PALM BEACH, FL 33417

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: LORAIN DAY
 Address: 17851 ORANGE BLVD
LOXAHATCHEE, FL 33470

17 JAN 19 AM 11:40
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LORAIN DAY
 Address: 17851 ORANGE BLVD
WEST PALM BEACH, FL 33470

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 01-12-2017. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

 Required Signature/Registered Agent
 01-17-2017
 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.

 Required Signature/Incorporator
 01-12-2017
 Date