

P17000013696

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

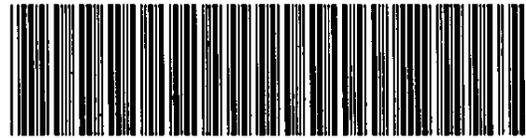
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500293885065

01/09/17--01023--014 \*\*87.50

17 FEB -9 PM 2:45  
STATE

M. MOON  
FEB 09 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 11, 2017

AGING CARE HOME NURSING INC  
14545 S MILITARY TR., STE. 159  
DELRAY BEACH, FL 33484

SUBJECT: AGING CARE HOME NURSING INC  
Ref. Number: W17000002659

17 FEB -9 PM 2:45  
RECEIVED  
CORPORATIONS  
DIVISION

We have received your document for AGING CARE HOME NURSING 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):

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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.

Matthew T Moon  
Regulatory Specialist II

Letter Number: 417A00000699

17 FEB -9 PM 12:18  
RECEIVED  
CORPORATIONS  
DIVISION

**COVER LETTER**

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

17 FEB -9 PM 2:45  
RECEIVED  
CORPORATION  
DIVISION

**SUBJECT:** Aging Care Home Nursing 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:** Aging Care Home Nursing Inc  
**Name (Printed or typed)**  
14545 S. Military Tr Suite 159  
**Address**  
Delray Beach, Florida 33484  
**City, State & Zip**  
954-410-1878  
**Daytime Telephone number**  
phillipparkinson15@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**

The name of the corporation shall be Aging Care Home, Nursing Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
14545 S. Military Tr, Suite 159  
Delray Beach, FL 33484

Mailing address, if different is:  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide quality service to our patients/clients and to the community  
with the highest and ethical standards possible.

FILED  
17 FEB - 9 PM 2:45  
REC'D

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

|                 |   |                 |  |
|-----------------|---|-----------------|--|
| Name and Title: | <u>Phillip Parkinson - President</u>  | Name and Title: | <u>Carlos Salmon - VP</u>                                  |
| Address         | <u>14545 S. Military Tr, Suite 159</u><br><u>Delray Beach Florida 33484</u> | Address:        | <u>6546 Spring Meadow Dr</u><br><u>Greenacres FL 33413</u> |
| 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: Phillip Parkinson.  
 Address: 14545 S. Military Tr Suite 159  
Delray Beach FL 33484

17 FEB -9 PM 2:46  
 SEC. OF STATE  
 DEPT. OF STATE

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Phillip Parkinson  
 Address: 14545 S. Military Tr Suite 159  
Delray Beach FL 33484

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1/1/2017 (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 1/1/2017 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 1/1/2017 Date