

P17000013696

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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MAIL

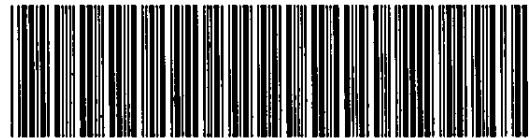
(Business Entity Name)

(Document Number)

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17 FEB -3 PM 2:45
STATE
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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
SEP 20 10 10 AM
OFF

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 12:10
OFF

COVER LETTER

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

17 FEB -9 PM 2:45
SEP 11 2008
FEB 11 2009

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 ☐ \$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: 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.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Phillip Parkinson - President
Address: 14545 S. Military Tr, Suite 159
Delray Beach Florida 33484

Name and Title: Carlos Salmon - VP
Address: 6546 Spring Meadow Dr
Greenacres FL 33413

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

17 FEB - 9 PM 2:45
RECEIVED
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COURT
IN
FLORIDA
COUNTY OF
PALM BEACH

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
FILED

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