

P/70000226/6

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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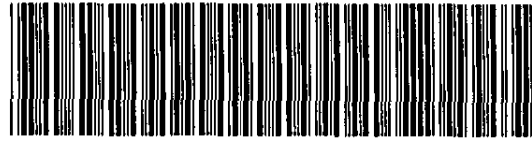
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 MAR 13 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 03/07/17

W17-017/63

03/14/17



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2017

DAMIAN BAYNER
P.O. BOX 192
WESTFIELD, NY 14787

SUBJECT: AT HOME CARE INC
Ref. Number: W17000017163

We have received your document for AT HOME CARE 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L17000013155.

Please return the corrected original and one copy of 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.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 917A00003840

COVER LETTER

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

SUBJECT: At Home Care DWR, 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

FIN: 82-0705861

FROM: Damian Raynor
Name (Printed or typed)

PO BOX 192
Address

Westfield NY 14787
City, State & Zip

8144495430
Daytime Telephone number

athomecare644@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: At Home Care PWR, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
1610 Trout Blvd

St Cloud FL 341771

Mailing address, if different is:

PO BOX 192

Westfield NY 14787

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Home Care

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Damian Kayner President Name and Title: _____

Address: PO BOX 192 Address: _____

Westfield NY 14787

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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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: Damian Rayner
Address: 1610 Troy + Blvd
St Cloud FL 34771

ARTICLE VII INCORPORATOR

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

Name: Damian Rayner
Address: 1610 Troy + Blvd
St Cloud FL 34771

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TALLAHASSEE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 3/07/2017 (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

Damian Rayner 3-7-2017
Required Signature/Registered Agent 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.

Damian Rayner 3-7-2017
Required Signature/Incorporator Date