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(Requestor's Name)

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(City/State/Zip/Phone #)

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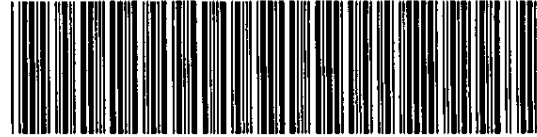
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAR 29 2017

FILED
17 MAR 24 PM 3:14
TALLAHASSEE, FL 32301

COVER LETTER

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

SUBJECT: OMINCARE SOLUTIONS 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: MICHELLE GORDON-SMITH

Name (Printed or typed)

3631 Holiday Road

Address

Palm Beach Gardens, FL 33410

City, State & Zip

9542459234

Daytime Telephone number

wilson.michelle49@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: OMINCARE SOLUTIONS INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3631 Holiday Road

Palm Beach Gardens, FL 33410

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE IN-HOME DOMESTIC SERVICES TO
INDIVIDUALS AND FAMILIES SUCH AS CLEANING HOMECARE AND COOKING SOLUTIONS.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MICHELLE GORDON-SMITH (P)

Name and Title: _____

Address 3631 Holiday Road

Address: _____

Palm Beach Gardens, FL 33410

Name and Title: ADRIAN SMITH (VP)

Name and Title: _____

Address 3631 Holiday Road

Address: _____

Palm Beach Gardens, FL 33410

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: ROBERT BROWN
Address: 319 Clematis St., Ste 602
WPB, FL 33417

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michelle Gordon-Smith
Address: 3631 Holiday Road
Palm Beach Garden, FL 33410

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 03/13/2017 (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

Robert Brown
Required Signature/Registered Agent

3-13-2017
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.

Michelle Gordon-Smith
Required Signature/Incorporator

3-13-17
Date