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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 09 2017

K. Brumbley



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 29, 2017

ENID PEREZ RIVERA
9850 BERNWOOD PL DR. #109
FORT MYERS, FL 33966

SUBJECT: EYPR HOME CARE INC
Ref. Number: W17000026735

We have received your document for EYPR 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):

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

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please either type or re-write the form to be in a more legible manner. We cannot read some of the form and to ensure proper indexing please make form more legible.,

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.

KYLE D BRUMBLEY
Regulatory Specialist II

Letter Number: 717A00005969

COVER LETTER

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

SUBJECT: Eyona Home 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
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: Enid Y. Pérez Rivera
Name (Printed or typed)
9850 Bernwood Pl dr #109
Address
Fort Myers FL 33906
City, State & Zip
239-878-1051
Daytime Telephone number
Enid Y. Perez 30@yahoo-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: Eykh Home Care Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9850 Bernwood pl dr #109

Fort Myers, FL 33966

Mailing address, if different is:

PO Box 51331

Fort Myers, FL 33994

ARTICLE III PURPOSE

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

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President

Address

Enid y. Perez Rivera

9850 Bernwood pl dr #109

Fort Myers, FL 33966

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
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: Enid Y. Pérez Rivera.

Address: 9850 Bernwood Blvd #109
Ft. Myers, FL 33966

ARTICLE VII INCORPORATOR

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

Name: Enid Y. Pérez Rivera.

Address: 9850 Bernwood Blvd #109
Ft. Myers, FL 33966

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Enid Y. Pérez Rivera.

Required Signature/Registered Agent

5/1/2017
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.

Enid Y. Pérez Rivera.

Required Signature/Incorporator

5/1/2017
Date