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TALLAHASSEE, FLORIDA

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C Kinsey

COVER LETTER

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

SUBJECT: CONCERNED RELIABLE 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 ☐ \$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: VICTORIA COX-KWINTER
Name (Printed or typed)

8935 COCHISE LANE
Address

PORT RICHEY, FLORIDA 34668
City, State & Zip

727-326-4715
Daytime Telephone number

VICKIEFATS24@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: CONCERNED RELIABLE HOME CARE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8935 COCHISE LANE

PORT RICHEY, FL. 34668

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

TO OFFER SAFE AND RELIABLE HEALTH CARE OPTIONS TO THOSE WHO MAY BE IN NEED OF ANY TYPE
OF HEALTH AND/OR COMPANIONSHIP IN THE FORM OF PRIVATE DUTY SERVICES IN THE HOME

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ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: VICTORIA COX-KWINTER

Name and Title: _____

Address PRESIDENT

Address: _____

8935 COCHISE LANE

PORT RICHEY, FL. 34668

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: VICTORIA COX-KWINTER
Address: 8935 COCHISE LANE
PORT RICHEY, FL. 34668

ARTICLE VII INCORPORATOR

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

Name: VICTORIA COX-KWINTER
Address: 8935 COCHISE LANE
PORT RICHEY, INC. 34668

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

8-28-17

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.

8-28-17

Required Signature/Incorporator

Date