

P17000083297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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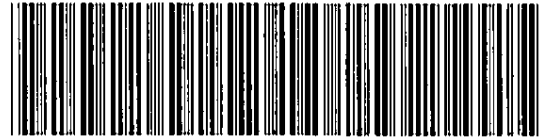
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 OCT 16 AM 9:38
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ALABAMA SEC. M. J. BROWN

OCT 17 2017

K. Brumbley

TRANSMITTAL LETTER

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

SUBJECT: GOLDEN HOME CARE NURSING SERVICES, 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: Frantz Thomas, Registered Agent
Name (Printed or typed)

880 S.W. 49th Circle

Address

Margate, Florida 33068-3143

City, State & Zip

954-496-5368

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

PLEASE RETURN
THIS COPY

THANKS XOO

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: **GOLDEN HOME CARE NURSING SERVICES, INC.**

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Senior home care nursing Services

FOURTH

The aggregate number of authorized shares is 1,000 shares Par-Value \$1.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

FILED
17 OCT 16 AM 9:38
CLERK OF DISTRICT COURT
FLORIDA, FLORIDA

NINTH

The address of the initial Registered Office of the corporation is:
880 S.W. 49th Circle Margate, Florida 33068-3143
and the name of it's initial Registered Agent at such address is:
Frantz/Thomas

TENTH

Address of the principal place of business is:
880 S.W. 49th Circle Margate, Florida 33068-3143

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is one, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

NAME

ADDRESS

* Frantz/Thomas, Dir/Pres

880 S.W. 49th Circle Margate, Florida 33068-3143

TWELFTH

The name and address of each incorporator is:

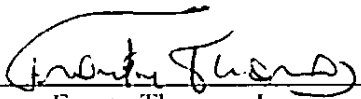
NAME

ADDRESS

* Frantz/Thomas, Dir/Pres

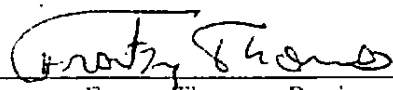
880 S.W. 49th Circle Margate, Florida 33068-3143

Date: September 20, 2017



Frantz Thomas, Incorporator

Having been named as Registered Agent and to accept services of process for the stated corporation at the place designated in this certificate, I hereby accept the appointment as Registered Agent and Agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, my position as Registered Agent.



Frantz Thomas, Registered Agent