P19000064597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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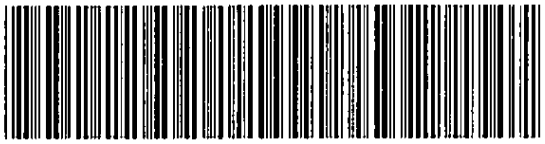

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2019 AUG 26 PM 5:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: House of 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: Monica Murray Lightfoot
Name (Printed or typed)

P. O. Box 1743
Address

Quincy, FL 32353
City, State & Zip

(850) 727-2555
Daytime Telephone number

housecare17@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: House of Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

108 Iowa LN
Tallahassee, FL 32305

Mailing address, if different is:

P.O. Box 1743
Quincy, FL 32353

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Improve living Conditions of people to live a happier, longer, productive and better life; meeting their needs One Step at a time.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Justin Safford
Address: 153 Chadd Lane
Gretna, FL
32332 - Dir

Name and Title: Netra Roundtree
Address: 115 Pine Tree Lane
Quincy, FL
32351 - Dir

Name and Title: Patricia Brooks
Address: 200 Cheeseborough
P.O. Box 928
Quincy, FL 32351 - Dir

Name and Title: Clarissa Bostick - P
Address: 740 Quail Roost Drive
Quincy, FL 32351 - Dir

Name and Title: Frances Gregory
Address: 220 S. 10th St.
Quincy, FL
32351 - Dir

Name and Title: Francessa Washington
Address: Apt. 9
427 S. Stewart St.
Quincy, FL 32351
Secretary

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: Monica Murray Lightfoot

Address: 108 Iowa Lane
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

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

Name: House of Care, Inc.

Address: 108 Iowa Lane
Tallahassee, FL 32305

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.

Monica Murray Lightfoot — 06/26/19

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.

Monica Murray Lightfoot — 06/26/19

Required Signature/Incorporator — Date