

P19000070346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

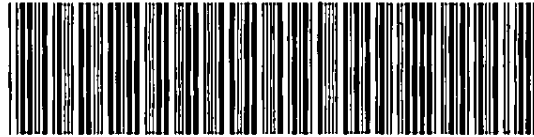
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

N. SAMS  
SEP 16 2019



900333639549

09/04/19--01009--023 ++78.75

FILED  
2019 SEP -4 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

ATX1

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

**SUBJECT:** BELOVED HANDS 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:** CLIFTON H. RODRIQUEZ, CPA

Name (Printed or typed)

3146 NW 68th STREEET

Address

FORT LAUDERDALE, FLORIDA 33309-1206

City, State & Zip

9954) 557-9038

Daytime Telephone number

crodzzz13@gmail.com/hughmongous54@comcast.net

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

For

**Beloved Hands Home Care, Inc.**

The undersigned subscribers(s) for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

## Article I-Name of the Corporation

The name of the corporation shall be:

**Beloved Hands Home Care, Inc.**

## Article II-Nature or Purpose of the Business

The purpose of the corporation is to engage in any lawful activity permitted by the laws of this state. The corporation will provide home care and related services to the general public in the Tri-County area, the State of Florida, and the United States. The corporation will comply with any professional regulations imposed by state agencies within the State of Florida as well.

## Article III-Principal Office

The principal business mailing address of this corporation shall be:

4670 NW 6<sup>th</sup> Court  
Plantation, Florida 33317

## Article IV-Number of Shares Authorized

The number of common shares of stock that this corporation is authorized to have outstanding at any one time is:

One Thousand (1000)

(The par value of the corporation common stock will be \$1.00) Jennifer McFarlane will own one hundred percent (100%) of the outstanding shares of the corporation.

## Article V-Initial Registered Agent

The name and address of the initial registered agent is:

Jennifer McFarlane  
4670 NW 6<sup>th</sup> Court  
Plantation, Florida 33317

FILED  
2019 SEP -4 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

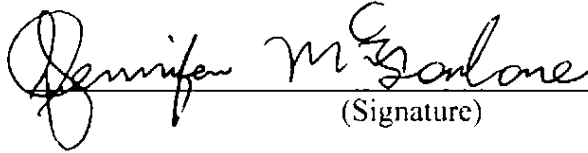
For

**Beloved Hands Home Care, Inc.**

## Article VI-Subscriber (s)

Jennifer A. McFarlane  
4670 NW 6<sup>th</sup> Court  
Plantation, Florida 33317

The undersigned incorporator(s) has executed these Articles of Incorporation this  
29<sup>th</sup> day of August 2019.

  
(Signature)

FILED  
2019 SEP -4 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FL 0910

## Article VI: Perpetual Life of the Corporation

The corporation shall exist perpetually, or until such time that the Board of Directors and/or shareholder(s) decide to dissolve the corporation.

## Article VII-Appointment of Officers & Directors

The subscriber(s) of this corporation has appointed the following officers and directors of the corporations. These officers and directors will serve in accordance with the bylaws of the corporation:

<u>Name</u>	<u>Address</u>	<u>Title</u>
1. Jennifer McFarlane	4670 NW 6 <sup>th</sup> Court Plantation, FL 33317	President/CEO
2. Jennifer McFarlane	4670 NW 6 <sup>th</sup> Court Plantation, FL 33317	Corporate Secretary Director
3. Jennifer McFarlane	4670 NW 6 <sup>th</sup> Court Plantation, FL 33317	Chairperson, Board of Directors

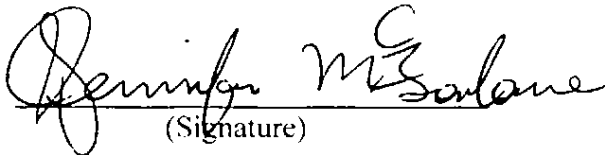
**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

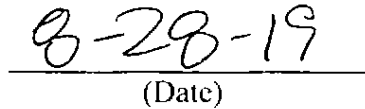
PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENTS IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Beloved Hands Home Care, Inc.**
  
2. The name and address of the registered agent and office are as follows:

**Jennifer McFarlane  
4670 NW 6<sup>th</sup> Court  
Plantation, Florida 33317**

*Having been named as registered agent and to accept service for the above 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, and I am familiar with and accept the obligation of my position as registered agent.*

  
(Signature)

  
(Date)