

P200000034096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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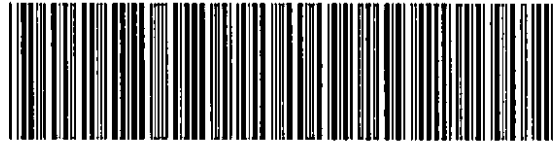
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/04/20--01022--007 **78.75

FILED
2020 MAY -4, PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

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

SUBJECT: Addition 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: Marie Pierre Francoise Christine
Name (Printed or typed)
3800 Inverrary Boulevard #408C
Address
Lauderhill, FL 33319
City, State & Zip
917-287-3933
Daytime Telephone number
f.christine@mac.com
E-mail address: (to be used for future annual report notification)

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

DEPT. OF STATE
TALLAHASSEE, FL

2020 MAY -4 PM 3:08

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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: Addition Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3800 Inverrary Boulevard #408C

Lauderhill, FL 33319

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The Company is organized to provide home care services to the public.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marie Pierre F. Christine - President

Name and Title: _____

Address 3800 Inverrary Boulevard #408C

Address: _____

Lauderhill, FL 33319

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Marie Pierre Francoise Christine
Address: 3800 Inverrary Boulevard #408C
Lauderhill, FL 33319

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Marie Pierre Francoise Christine
Address: 3800 Inverrary Boulevard #408C
Lauderhill, FL 33319

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TALLAHASSEE, FL

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 business days prior or 90 business 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:

Required Signature/Registered Agent

April 27th 2020
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.

Required Signature/Incorporator

April 27th 2020
Date