

P200000 73013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

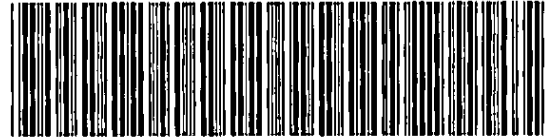
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2020 AUG 24 PM 1:51
TALLAHASSEE, FL

C RICO
AUG 24 2020

COVER LETTER

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

SUBJECT: Royaltiz 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: Macdalie Aumoithe
Name (Printed or typed)
2090 SE Rainier Road
Address
Port St. Lucie, FL 34952
City, State & Zip
561-666-0049
Daytime Telephone number
maumoith@yahoo.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: Royaltiz Home Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2090 SE Rainier Road

Port St Lucie, FL 34952

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: Macdalie Aumoithe- President

Name and Title: _____

Address 2090 SE Rainier Road

Address: _____

Port St. Lucie, FL 34952

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF DISTRICT COURT
PORT ST. LUCIE, 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: Macdalie Aumoithe
Address: 2090 SE Rainier Road
Port St. Lucie, FL 34952

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Macdalie Aumoithe
Address: 2090 SE Rainier Road
Port St. Lucie, FL 34952

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

Macdalie Aumoithe
Required Signature/Registered Agent

9/18/2020
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.

Macdalie Aumoithe
Required Signature/Incorporator

9/18/2020
Date