

10/21/2020

**P20000082412**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000365843 3)))



H20000365843ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : BOOKKEEPING DONE RIGHT INC  
Account Number : 120200000064  
Phone : (786)566-7026  
Fax Number : (205)881-1184

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FILED  
2020 OCT 21 AM 8:36  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Gil Help Care Inc**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

RECEIVED  
2020 OCT 21 AM 10:35

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

OCT 22 2020

T. SCOTT

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**H20000365843 3**

**ARTICLE I NAME**

The name of the corporation shall be: Gil Help Care Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address	Mailing address, if different is:
<u>Haydee Gil Blanco</u>	<u></u>
<u>4731 SW 143rd Ct</u>	<u></u>
<u>Miami, FL 33175</u>	<u></u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Any and all lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Gil Blanco, Haydee President Name and Title:

Address	<u>4731 SW 143rd Ct</u>	Address:	<u></u>
	<u>Miami, FL 33175</u>		<u></u>
	<u></u>		<u></u>

Name and Title:  Name and Title:

Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

Name and Title:  Name and Title:

Address	<u></u>	Address:	<u></u>
	<u></u>		<u></u>
	<u></u>		<u></u>

**FILED**  
**2020 OCT 21 AM 8:36**  
**STATE OF FLORIDA**

H20000365843 3

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: Haydee Gil Blanco  
Address: 4731 SW 143rd Ct  
Miami, FL 33175

**ARTICLE VII INCORPORATOR**The **name and address** of the Incorporator is:

Name: Haydee Gil Blanco  
Address: 4731 SW 143rd Ct  
Miami, FL 33175

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: 10/21/2020 (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*

Haydee Gil Blanco

Required Signature/Registered Agent

10/21/2020

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.*

Haydee Gil Blanco

Required Signature/Incorporator

10/21/2020

Date