

P21000093052

(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:

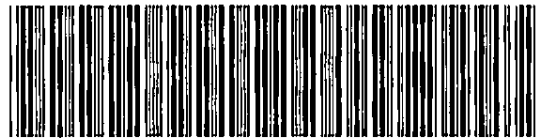
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Office Use Only

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T. SCOTT

OCT 28 2021



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2021 OCT 27 AM 8:49

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 18, 2021

EVELYN BARTON STEWART
1069 MAIN STREET, SUITE 104
SEBASTIN, FL 32958

SUBJECT: BARWART NURSING SERVICES INC.
Ref. Number: W21000107894

We have received your document for BARWART NURSING SERVICES INC. and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Fictitious name can not convert to INC.,

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 221A00018115

COVER LETTER

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

SUBJECT: BARWART NURSING SERVICES, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

ATTENTION: TYRONE SCOTT

FROM: EVELYN STEWART
Name (Printed or typed)

124 BELLAMY TRAIL
Address

SEBASTIAN, FL 32958
City, State & Zip

772-646-1939
Daytime Telephone number

ebarnton831@gmail.com
E-mail address: (to be used for future annual report notification)

2021 10 13 PM 1:35

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

TYRONE,

PLEASE APPLY FUNDS SENT TO YOU IN THE AMOUNT OF
\$122.50 TO THE NEW FILING.

KINDLY RETURN ANY ADDITIONAL BALANCE TO: EVELYN STEWART
124 BELLAMY TRAIL
SEBASTIAN, FL 32958
772-646-1939

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: BARCLAY NURSING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
MAIN STREET PROFESSIONAL BUILDING
1069 MAIN STREET, SUITE 104
SEBASTIAN, FL 32958

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO CONDUCT BUSINESS
SERVICES IN THE STATE OF FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: EVELYN STEWART ^{PRESIDENT} Name and Title: _____

Address 1069 MAIN STREET #104 Address: _____
SEBASTIAN, FL 32958

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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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: EVELYN STEWART
Address: 124 BELLAMY TRAIL
SEBASTIAN, FL 32958

ARTICLE VII INCORPORATOR

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

Name: EVELYN STEWART
Address: 124 BELLAMY TRAIL
SEBASTIAN, FL 32958

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



Required Signature/Registered Agent

10/14/2021
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

Date 10/14/2021