

P22000055939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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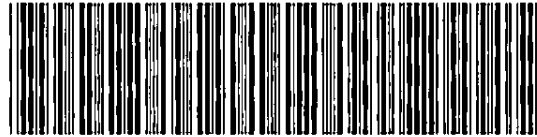
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 JUL 14 PM 3:56
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ALABAMA SECRETARY OF REVENUE

COVER LETTER

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

SUBJECT: Reliable Home Healthcare and Staffing 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
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: Bryan Sanders
Name (Printed or typed)
3038 Crawfordville Hwy Ste B
Address
Crawfordville FL 32327
City, State & Zip
(850) 251-8115
Daytime Telephone number
millender-tax@aol.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:

Reliable Home Healthcare and
Staffing Services
Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

3692 Crawfordville FL

Mailing address, if different is:

Crawfordville FL 32327

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To operate 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:

Kimberly H Davis

Name and Title:

Address

3692 Crawfordville FL

Address:

Crawfordville FL 32327

Name and Title:

Stephanie T. Thompson VP

Name and Title:

Address

214 Nichols Road
Sopchoppy FL 32358

Address:

Name and Title:

Name and Title:

Address

Address:

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CLERK OF DISTRICT COURT
JACKSONVILLE, 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:

Address:

Bryan Sanders
3038 Crawfordville Hwy Ste B
Crawfordville FL 32327

ARTICLE VII INCORPORATOR

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

Name:

Address:

Bryan Sanders
3038 Crawfordville Hwy Ste B
Crawfordville FL 32327

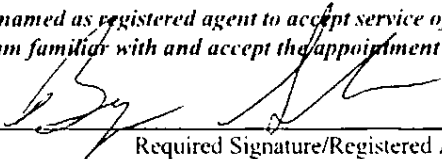
ARTICLE VIII EFFECTIVE DATE:

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

7/14/2022

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

7/14/2022

Date

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DEPT. OF STATE
TALLAHASSEE, FL