

P220000073888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

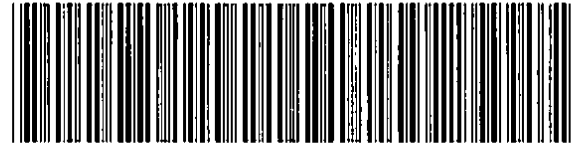
(Document Number)

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*[Handwritten signature]*

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FL

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:

Blessings Home Care Services INC  
# 86-2150888

ARTICLE II PRINCIPAL OFFICE

Principal street address

826 Lincoln Street  
Quincy, Florida 32351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Solo Provider for an  
Agency for Persons with Disabilities

ARTICLE IV SHARES

The number of shares of stock is:

/

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Name and Title:

Address

Address:

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: Bernadette Baker  
Address: 826 Lincoln Street  
Quincy, Florida 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bernadette Baker  
Address: 826 Lincoln Street  
Quincy, Florida 32351

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*

Bernadette Baker  
Required Signature/Registered Agent

9-26-22  
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 §817.155, F.S.*

Bernadette Baker  
Required Signature/Incorporator

9-26-22  
Date

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