

P230000009929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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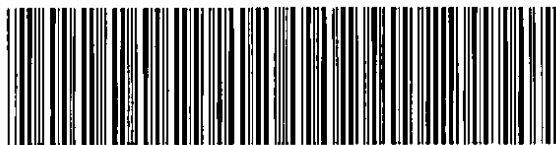
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/09/23 PM 3:15

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RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 FEB -8 PM 3:15

RECEIVED

COVER LETTER

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

SUBJECT: In-Home Support 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 ☐ \$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

FROM: Tangela Dwens
Name (Printed or typed)

129 Henderson Rd.
Address

Tallahassee, FL 32312
City, State & Zip

850-728-8754
Daytime Telephone number

Dwens.tangela@gmail.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: In-Home Support Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

202 Lincoln Street
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide in home support
services to individuals who need care.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS - CEO

Name and Title: Tangela Owens Name and Title: _____

Address: 129 Henderson Rd. Address: _____
Tallahassee, FL
32312

Name and Title: Verda Owens - COO Name and Title: _____

Address: P.O. Box 491 Address: _____
Midway, FL 32343

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Tangela Owens
Address: 129 Henderson Rd.
Tallahassee, FL 32312

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tangela Owens
Address: 129 Henderson Rd.
Tallahassee, FL 32312

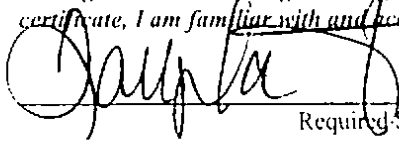
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 2/8/23 (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

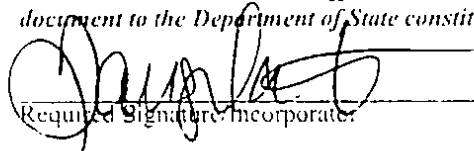


Required Signature/Registered Agent

2/8/23

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/Incorporate:

2/8/23

Date

2023 FEB 17 PM 3:24

2023 FEB 17 PM 7:14