

P96000064596

TRANSMITTAL LETTER

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

FILED
56 AUG -2 PM 2:20
TALLAHASSEE, FLORIDA

SUBJECT: HOMEMAKER, COMPANION, SERVICES INC.
(Proposed corporate name - must include suffix)

900001802648
-07/24/96--01001--017
****131.25 ****131.25

Enclosed is an original and one (1) copy of the articles of Incorporation and a check
for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: SYLVIA KRIVELIN
Name (printed or typed)

7076 HUNTINGTON LANE
Address

DELRAY BEACH, FLORIDA 33446 APT 603
City, State & Zip

561 495 9333
Daytime Telephone number

W96-153-84

FILED JUL - 2 1996

AL JUL - 2 1996

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



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 25, 1996

SYLVIA KRIVELIN
7076 HUNTINGTON LANE
APT. 603
DELRAY BEACH, FL 33446

SUBJECT: HOMEMAKER, COMPANION, SERVICES INC.
Ref. Number: W96000015584

We have received your document for HOMEMAKER, COMPANION, SERVICES INC. and your check(s) totaling \$131.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return 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 (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 396A00035796

ARTICLES OF INCORPORATION

FILED

96 AUG -2 PM 2:20

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

HOMEMAKER, COMPANION, SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

7076 HUNTINGTON LANE
DELRAY BEACH, FLORIDA 33446
APT 603

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 HUNDRED (100) SHARES

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

SYLVIA KRIVELIN
7076 HUNTINGTON LANE
DELRAY BEACH FLORIDA 33446
APT 603

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

SYLVIA KRIVELIN
7076 HUNTINGTON LANE
DELRAY BEACH FL 33446
APT 603

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27 day of July, 19 96.

(An additional article must be added if an effective date is requested.)

Sylvia Krivelin
Signature

Signature

Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: HOMEMAKER, COMPANION, SERVICES INC.
2. The name and address of the registered agent and office is:

SYLVIA KRIVELIN
(NAME)

7076 HUNTINGTON LANE
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

DELRAY BEACH, FLORIDA 33446 APT 603
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

7/19/96
(DATE)

P96000064596

Car 1713

Homemaker, Companion Services, Inc.
Cooking, Light Housekeeping, Shopping, Medical Appointments and More
(561) 637-5700

DEPARTMENT OF STATE
AMENDMENT SECTION

500002026575--2

-12/11/96--01100--001

*****35.00 *****35.00

DEAR SIR/MS.

PLEASE TRY TO EXPIDITE THIS AS SOON AS POSSIBLE, SO THAT I WILL
NOT GO INTO 1997 FOR MONITARY REASONS. MY PHONE IS LISTED ABOVE,
AND MY ADDRESS IS 7076 HUNTINGTON LANE DELRAY BEACH FLORIDA
APT 603. ENCLOSED YOU WILL FIND A CHECK OF \$35 DOLLARS.
THANK YOU FOR YOUR COURTESY.

Sylvia Krivelin
SYLVIA KRIVELIN

FILED

96 DEC 11 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SH 12/18
Diss

ARTICLES OF DISSOLUTION

Pursuant to section 607.1403, Florida Statutes, this Florida profit corporation submits the following articles of dissolution:

FIRST: The name of the corporation is: HOMEMAKER, COMPANION, SERVICES INC.

SECOND: The date dissolution was authorized: DECEMBER 6, 1996

THIRD: Adoption of Dissolution (CHECK ONE)

☒ Dissolution was approved by the shareholders. The number of votes cast for dissolution was sufficient for approval.

☐ Dissolution was approved by vote of the shareholders through voting groups.

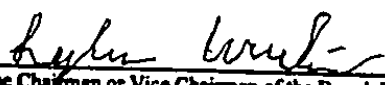
The following statement must be separately provided for each voting group entitled to vote separately on the plan to dissolve:

The number of votes cast for dissolution was sufficient for approval by

(voting group)

Signed this 6TH day of DECEMBER, 1996

Signature


(By the Chairman or Vice Chairman of the Board, President, or other officer)

SYLVIA KRIVELIN

(Typed or printed name)

PRESIDENT

(Title)

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96 DEC 11 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA