

P 97 0000 86895
TRANSMITTAL LETTER

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

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100002312771--4
-10/06/97--01120--003
*****78.75 *****78.75

SUBJECT: A Gentle Touch Home Care Inc.
(Proposed corporate name - must include suffix)

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:

Sheila M. Darris

Name (Printed or typed)

340 Mercury AVE Apt 102

Address

Palm Bay FLA 32909

City, State & Zip

(407) 729-0612

Daytime Telephone number

F. CHAMBER OCT 8 1997

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: A Gentle Touch Home Care Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 340 Mercury AVE^{Apt}
Palm Bay FLA. 32909

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: Sheila Mae Dorris
340 Mercury AVE^{Apt}
Palm Bay FLA. 32909¹⁰²

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sheila Mae Dorris
340 Mercury AVE^{Apt}
Palm Bay FLA. 32909¹⁰²

Sheila M. Dorris
Signature/Incorporator

10/4/97
Date

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

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

Sheila M. Dorris
Signature/Registered Agent

Date