

# **Electronic Articles of Incorporation For**

**P24000050648  
FILED  
June 26, 2024  
Sec. Of State  
klovelace**

SAMANTHA ROSE PRIVATE CARE INC

The undersigned incorporator, for the purpose of forming a Florida profit corporation, hereby adopts the following Articles of Incorporation:

## **Article I**

The name of the corporation is:

SAMANTHA ROSE PRIVATE CARE INC

## **Article II**

The principal place of business address:

28631 CARRIAGE HOME DR  
201  
BONITA SPRINGS, FL. US 34134

The mailing address of the corporation is:

28631 CARRIAGE HOME DR  
201  
BONITA SPRINGS, FL. US 34134

## **Article III**

The purpose for which this corporation is organized is:

PRIVATE HOME CARE

## **Article IV**

The number of shares the corporation is authorized to issue is:

100

## **Article V**

The name and Florida street address of the registered agent is:

MICHELLE R COMBS  
2614 N TAMiami TRL  
220  
NAPLES, FL. 34103

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: MICHELLE R COMBS

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## **Article VI**

The name and address of the incorporator is:

SAMANTHA ROSE DICK  
28631 CARRIAGE HOME DR  
201  
BONITA SPRINGS, FL 34134

Electronic Signature of Incorporator: SAMANTHA DICK

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

## **Article VII**

The initial officer(s) and/or director(s) of the corporation is/are:

Title: PRES  
SAMANTHA R DICK  
28631 CARRIAGE HOME DR 201  
BONITA SPRINGS, FL. 34134 US

## **Article VIII**

The effective date for this corporation shall be:

07/01/2024

PA4000050648

General Affidavit

I, Samantha Rose Dick, residing at 28631 Carriage Home Dr, 201, Bonita Springs, FL, 34134, do hereby depose and state as follows:

**Introduction**

I am of legal age and competent to make this affidavit.

The purpose of this affidavit is to state that I have no intentions of revoking the dissolution of Samantha Rose Private Care LLC and I now release the name of the corporation. The effective date of the dissolution was 07/19/2024.

**Background Information**

I have personal knowledge of the facts and matters stated herein.

The following facts are true and correct to the best of my knowledge, information, and belief.

**Affirmation of Facts**

The business name was too close to another name that was accepted by the Internal Revenue Service.

**Conclusion** I hereby affirm under penalty of perjury that the foregoing statements are true and correct to the best of my knowledge and belief.

I understand that any false statements made in this affidavit may subject me to legal penalties.

**Signature**

Samantha Dick

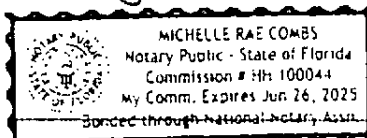
Signed (Affiant signature)

7/24/24

Date

**Notary Acknowledgment** (Omit if not required)

Subscribed and sworn to before me, a Notary Public, on this July 24 2024 (date).



Notary Seal

Notary Signature