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TALLAHASSEE, FLORIDA

02 NOV 15 AM 11:14

(Requestor's Name)

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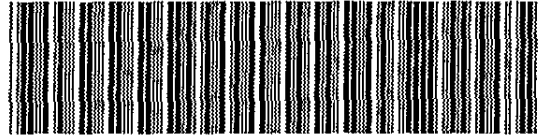
(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_



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DOC. EXAM Dale White  
*11-19-02*  
*available to him or reach by*  
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D. WHITE NOV 19 2002

**TRANSMITTAL LETTER**

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

SUBJECT: #1 S.P.I.R.I.T 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  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

\$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: MARY M. PIRANT  
Name (Printed or typed)

401 East 7th Ave Apt 1004  
Address

Jpa Fl 33602  
City, State & Zip

813 226-9877  
Daytime telephone number

**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)

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**ARTICLE I NAME**

The name of the corporation shall be:

# 1 Spirit Inc

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

401 East 7th Ave Apt 1004 - Spa # 33602-8

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide services under medicaid wavier program.

**ARTICLE IV SHARES**

The number of shares of stock is:

one

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

MARY M. PICANT - OWNER  
401 East 7th Ave Apt 1004  
Spa # 33602

**ARTICLE VI REGISTERED AGENT**

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

MARY M. PICANT  
401 East 7th Ave Apt 1004

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

MARY M. PICANT  
401 East 7th Ave Apt 1004

\*\*\*\*\*

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

  
\_\_\_\_\_  
Signature/Registered Agent

11/12/02  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/12/02  
\_\_\_\_\_  
Date