

NO5000010667

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

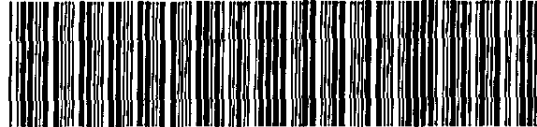
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Shereka GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT articles  
DATE 10/18/05  
DOC. EXAM White

Office Use Only

D. WHITE OCT 18 2005



600060173336

10/07/05 - 01009 - 001 \*\*78.75

ALL AMESSE, FLORIDA

2005 OCT 17 A 10:26

FILED

## COVER LETTER

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

SUBJECT: Shereka T. Parnum Incorporation  
(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 of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

**ADDITIONAL COPY REQUIRED**

FROM: Shereka T. Parnum  
Name (Printed or typed)

515 Mississippi St  
Address

Monticello FL 32344  
City, State & Zip

850 694-2775  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 11, 2005

SHEREKA T. RANSOM  
515 MISSISSIPPI ST  
MONTICELLO, FL 32344

SUBJECT: SHEREKA T. RANSOM, INCORPORATION STR - INC  
Ref. Number: W05000046595

We have received your document for SHEREKA T. RANSOM, INCORPORATION STR - INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

The name of the entity must be identical throughout the document.

Please return the original and one copy of 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 (850) 245-6933.

Dale White  
Document Specialist  
New Filings Section

Letter Number: 605A00061743

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:  
Shereka T. Ransom, Incorporation

**ARTICLE II PRINCIPAL OFFICE**

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

515 Mississippi Street Monticello, Fl. 32344

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The purpose of this corporation is to provide Home & Community Based services to the developmental disabled, and physically challenged individuals.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
appointed

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

At this time Ms. Shereka T. Ransom will be managing and directing

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Shereka Ransom  
515 Mississippi Street  
Monticello, Fl. 32344

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Shereka Ransom  
515 Mississippi Street  
Monticello, Fl. 32344

\*\*\*\*\*  
*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.*

Shereka T. Ransom

10/3/05

Shereka T. Ransom  
Signature/Registered Agent

\_\_\_\_\_  
Date

Shereka T. Ransom

10/3/05

Shereka T. Ransom  
Signature/Incorporator

\_\_\_\_\_  
Date

FILED

2005 OCT 17 A 10:26

TALLAHASSEE, FLORIDA