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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

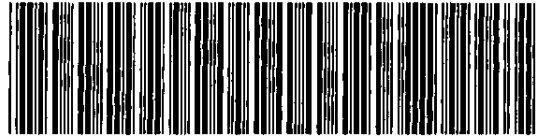
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01-7-10
202

COVER LETTER

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

SUBJECT: Pinnacle Healthcare Agency, 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 of
Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Chandra Mitchell
Name (Printed or typed)

7350 Blanding Blvd #3
Address

Jacksonville, Fl. 32244
City, State & Zip

(904) 566-4410
Daytime Telephone number

Vmitchell6@sprint.blackberry.net
E-mail address: (to be used for future annual report notification)

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

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

ARTICLE I NAME

The name of the corporation shall be:
Pinnacle Healthcare Agency, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:
7350 Blanding Blvd #3
Jacksonville, FL 32244

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
(a) to provide quality home care
(b) to provide this service to low-income and disadvantaged people
(c) to render all services and advice related above

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
The initial board of directors shall consist of no members at this time. However, the manner of election will be stated in the by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Chandra Mitchell (P)
7350 Blanding Blvd. #3
Jacksonville, FL 32244
Vontrell Mitchell (VP)
7350 Blanding Blvd #3
Jacksonville, FL 32244

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Chandra Mitchell
7350 Blanding Blvd #3
Jacksonville, FL 32244

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Chandra Mitchell
7350 Blanding Blvd #3
Jacksonville, FL 32244

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.

Chandra Mitchell
Signature/Registered Agent

4/29/10
Date

Chandra Mitchell
Signature/Incorporator

4/29/10
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA