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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

MAIL

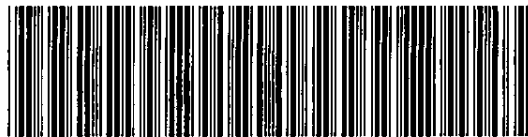
(Business Entity Name)

(Document Number)

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## COVER LETTER

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

SUBJECT: Simply Divine Interventions, 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: Dorothy Ann Wright  
Name (Printed or typed)

9800 Spottswood Rd W  
Address

Jacksonville, FL 32208  
City, State & Zip

904-571-6646  
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 29, 2010

DOROTHY ANN WRIGHT  
9800 SPOTTSWOOD RD W  
JACKSONVILLE, FL 32208

SUBJECT: SIMPLY DIVINE INTERVENTIONS  
Ref. Number: W10000020876

We have received your document for SIMPLY DIVINE INTERVENTIONS and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

Please return the corrected 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) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 310A00010689

RECEIVED  
10 MAY 10 AM 10:44  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32314

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

**ARTICLE I NAME**

The name of the corporation shall be:  
Simply Divine Interventions Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

P.O. Box 12582  
Jacksonville FL. 32209 Mailing address  
Principal office: 9800 Spottswood Rd. West  
Jacksonville, FL. 32208

**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 to 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 elections will be stated in the by-laws.

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

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

Dorothy A. Wright - President  
9800 Spottswood Rd W.  
Jacksonville, FL. 32208  
Louis C. Wright - Vice President  
9800 Spottswood Rd W.  
Jacksonville FL. 32208

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

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

Dorothy A. Wright  
9800 Spottswood Rd W.  
Jacksonville FL. 32208

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Dorothy A. Wright  
9800 Spottswood Rd. W.  
Jacksonville, FL. 32208

\*\*\*\*\*  
*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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

FILED  
10 MAY 10 PM 2:03  
CLERK OF DISTRICT COURT  
JACKSONVILLE, FLORIDA