

N23000001888

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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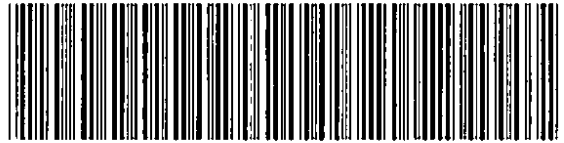
(Business Entity Name)

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S. CHATHAM  
FEB 21 2023

2023 FEB 16 AM 9:32  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL

02/16/23--01006--024 \*\*70.00

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2023 FEB 16 PM 1:52  
DIRECTOR'S OFFICE  
CORPORATIONS  
TALLAHASSEE, FLORIDA

**FLORIDA FILING & SEARCH SERVICES, INC.**

**P.O. BOX 10662 TALLAHASSEE, FL 32302**

**155 Office Plaza Dr Ste A Tallahassee FL 32301**

**PHONE: (800) 435-9371; FAX: (866) 860-8395**

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**DATE: 2/16/2023**

**NAME: PROACTIVE PREVENTION APPLICATION CORPORATION**

**TYPE OF FILING: ARTICLES**

**COST: 70.00 - CHECK IS ATTACHED**

**RETURN: PLAIN COPY PLEASE**

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**ACCOUNT: ECA000000018**

**AUTHORIZATION: ABBIE/PAUL HODGE**

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## COVER LETTER

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

SUBJECT: Proactive Prevention Application Corporation  
(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: Amy Neal  
Name (Printed or typed)

1667 Brush Hill Lane  
Address

Tallahassee, FL 32308  
City, State & Zip

850 766 8299  
Daytime Telephone number

amyreimerneal@comcast.net  
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

February 16, 2023

FLORIDA FILING & SEARCH SERVICES, INC.

SUBJECT: PROACTIVE PREVENTION APPLICATION CORPORATION  
Ref. Number: W23000021713

We have received your document for and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

If you have any further questions concerning your document, please call (850) 245-6000.

Summer Chatham  
Regulatory Specialist III  
Director's Office

Letter Number: 823A00003837

*Please keep original file date*

*Thank you!*

RECEIVED  
2023 FEB 20 PM 2:22  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
2023 FEB 20 PM 2:22  
DIRECTOR'S OFFICE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: Proactive Prevention Application Corporation

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

1667 Brush Hill Lane

Tallahassee, FL 32308

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To create a medical application for health tracking of preventive services.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Unanimous or majority vote by ~~all~~ current board members.

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

Name and Title: Amy Neal, CEO, D Name and Title: \_\_\_\_\_

Address: 1667 Brush Hill Ln. Address: \_\_\_\_\_  
Tall, FL 32308

Name and Title: Christopher Neal, D Name and Title: \_\_\_\_\_

Address: 1667 Brush Hill Ln. Address: \_\_\_\_\_  
Tall, FL 32308

Name and Title: Michelle Miller, D Name and Title: \_\_\_\_\_

Address: 3530 Landy End Lane Address: \_\_\_\_\_  
Tallahassee, FL 32317

**FILED**  
2023 FEB 16 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
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 Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Amy Neal  
 Address: 1607 Brush Hill Lane  
Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Amy Neal  
 Address: 1607 Brush Hill Ln.  
Tallahassee, FL 32308

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 2/14/2023. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
 Required Signature of Registered Agent

2/13/2023  
 Date

*I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in §817.155, F.S.*

  
 Required Signature of Incorporator

2/13/2023  
 Date

2023 FEB 16 AM 9:32  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

FILED