

TRANSMITTAL LETTER
P01000048269

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

FILED
01 MAY 15 AM 11:57
SECRETARY OF STATE
TALLAHASSEE, FL 32314

SUBJECT: Service Connections 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: Service Connections Inc.
Name (Printed or typed)

113 South Atlantic Drive West
Address
000004091850--0
-04/30/01--01102 -003
****78.75 ****78.75

Boynton Bch. FL 33435
City, State & Zip

(561) 586-2768
Daytime Telephone number

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

3-15-01
10/17/01
WCE



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

May 4, 2001

SERVICE CONNECTIONS INC.
113 S. ATLANTIC DR. WEST
BOYNTON BCH, FL 33435

SUBJECT: SERVICE CONNECTIONS INC.
Ref. Number: W01000010175

We have received your document for SERVICE CONNECTIONS 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):

The document must state the number of shares of authorized stock.

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) 487-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 001A00026584

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: *Service Connections*

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SECRETARY OF STATE

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *113 South Atlantic Drive West
Boynton Bch. FL. 33435*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Provide Waiver Support
Coordinations Services for People with Developmental
Disabilities*

ARTICLE IV SHARES

The number of shares of stock is: *~~None~~ 100
Mx*

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es): *Michael J. Lomax and Ethel Ceasar-Lomax
113 S. Atlantic Drive West
Boynton Bch FL 33435*

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: *Michael J. Lomax
113 South Atlantic Drive West
Boynton Bch FL 33435*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: *Michael J. Lomax
113 S. Atlantic Drive West
Boynton Bch FL. 33435*

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

Michael J. Lomax

Signature/Registered Agent

4/27/01

Date

Michael J. Lomax

Signature/Incorporator

4/27/01

Date