

PD1000079035

TRANSMITTAL LETTER

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

SUBJECT: Alpha Omega Developmental Services Provider Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Judy Ann Clark
Name (Printed or typed)

P.O. Box 1075
Address

Citra, FL 32113
City, State & Zip

200004527962-5

-08/10/01-01012-001

****113.75 *****78.75

352 595-3442 / 352 481-9393
Daytime Telephone number

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 10 AM 10:17

FILED

8-10-01
BC

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:

Alpha Omega Developmental Services Provider Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 1057
Citra, FL 32113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Adult DAY Training and other services
that will empower others to maintain or achieve
a better life style

ARTICLE IV SHARES

The number of shares of stock is:

1 share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Judy Ann Clark (Director/owner)
1360 NE 175 St
PO Box 1075
Citra, FL 32113

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Judy Ann Clark
1360 NE 175 St.
Citra, FL 32113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Judy Ann Clark
P.O. Box 1075
Citra, FL 32113

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

Judy Ann Clark
Signature/Registered Agent

7/30/01
Date

Judy Ann Clark
Signature/Incorporator

7/30/01
Date

I HAVE NO INTENTIONS OF REVOKING THE DISSOLUTION OF SAID CORPORATION.
NO1000005792