

P04000085606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

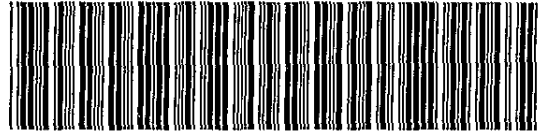
(Document Number)

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04/02/04--01030--008 **78.75

RECEIVED OF STATE
TALLAHASSEE, FLORIDA

04 JUN -1 PM 1:02

FILED

WOL
13664

06-1-04
JB.

TRANSMITTAL LETTER

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

SUBJECT: Elder Rest-Q-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: Hermonyone Walker

Name (Printed or typed)

12565 Willard Lane

Address

Jacksonville, Florida 32218

City, State & Zip

904-768-9829

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

RECEIVED

04 JUN -1 AM 11:44

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

April 8, 2004

HERMONYONE WALKER
12565 WILLARD LANE
JACKSONVILLE, FL 32218

SUBJECT: ELDER REST-Q-INC.
Ref. Number: W04000013604

We have received your document for ELDER REST-Q-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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with a notarized affidavit stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6928.

Tim Burch
Document Specialist
New Filings Section

Letter Number: 004A00022850

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

May 25, 2004

Dear Department of State:

This letter comes to advise the Department of State That Elder Rest-Q-Inc Number 2000003996 has no intention of reinstating; therefore we are releasing the name for use to another entity

Thank you

Hermoyone W. Walker

Hermoyone W. Walker

State of Florida
County of Duval

Sworn to and subscribed to me this 25th day of
May 2004 by Hermoyone W. Walker who has produced Florida
Driver License as identification



Lorraine D. Wells
MY COMMISSION # DD165434 EXPIRES
January 3, 2007
BONDED THRU TROY FAIR INSURANCE, INC.

Lorraine D. Wells

Notary Public
State of Florida

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:
Elder Rest-Q-Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:
12565 Willard Lane
Jacksonville, Fl 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business

ARTICLE IV SHARES

The number of shares of stock is:
2,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
Hermonyone Walker 12565 Willard Lane, Jacksonville, Fl 32218 - President
Kesha Walker 3889 Craggy Perch, Douglasville, GA 30135 - Secretary

ARTICLE VI REGISTERED AGENT

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

Hermonyone Walker 12565 Willard Lane, Jacksonville, Fl 32218

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Hermonyone Walker 12565 Willard Lane, Jacksonville, Fl 32218

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

Hermonyone W. Walker
Signature/Registered Agent

3/30/04

Date

Hermonyone W. Walker
Signature/Incorporator

3/30/04

Date

04 JUN - 1 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED