# P04000 1/854/

(Re	questor's Name)	
(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
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# TRÁNSMITTAL LETTER

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

SUBJECT: YOUR	JOURNEY INC.		- 0.00 E
	PROPOSED CORPORATE	NAME-MUST INCLUDE SUFF	IX)
Englaced is an original an	nd ana (1) aans af ilaa sut:	alaa af immamawati	
Eliciosed is all original at	nd one (1) copy of the artic	cies of incorporation at	nd a check for:
X \$70.00	\$78.75	\$78.75	\$87.50
Filing Fee	Filing Fee &	Filing Fee &	Filing Fee,
	Certificate of Status	Certified Copy	Certified Copy &
			Certificate of
			Status
		ADDITIONAL (	COPY REQUIRED
	-		
FROM:	Lisa S. Blizzard	<del></del>	
•	Name	(Printed or typed)	
	1505 Undine Avenue		
Company of the State of the Sta	1303 Olidine Avenue	Address	<u></u>
		**************************************	
	Jacksonville, Fl 32221		
1 AND 1	Jacksonville, Fl 32221	ty, State & Zip	<u></u>
1		ty, State & Zip	<u> </u>
ند محمد د من مرب - و د	904 472-3997	ty, State & Zip  Telephone Number	<u> </u>

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

# ARTICLES OF INCORPORATION AUG 16 AM 11:07

The undersigned incorporator(s), for the purpose of forming a Corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

#### ARTICLE I

CORPORATE NAME: The name of the Corporation shall be:

## YOUR JOURNEY INC

#### ARTICLEII

PRINCIPAL OFFICE: The principal place of business and mailing address of this corporation shall be:

1505 UNDINE AVENUE JACKSONVILLE, FL 32221

#### ARTICLE III

PURPOSE: The purpose for which the corporation is organized is to conduct support coordination for disabled people within accordance of the business laws for the State of Florida.

#### ARTICLE IV

AUTHORIZED CAPITAL STOCK: The total number of shares of which the Corporation shall have the authority to issue is 1000 shares, and the par value of each share shall be:

\$1.00/share

# ARTICLE V INITIAL OFFICERS:

# PRESIDENT: LISA S. BLIZZARD 1505 UNDINE AVE. JACKSONVILLE, FL 32221

#### ARTICLE VI

INITIAL REGISTERED OFFICE/AGENT: The street address of the Corporation's initial registered office in the State of Florida is:

1505 UNDINE AVE. JACKSONVILLE, FL 32221 and the name of its initial registered agent at such address is:

Gary Place

## ARTICLE VII

INCORPORATOR(S): The name and address of the incorporator(s) to theses Articles of Incorporation are:

LISA S. BLIZZARD 1505 UDINE AVE. JACKSONVILLE, FL 32221

The undersigned has executed these Articles of Incorporation on this, the \_\_\_//M\_\_ day of AUG. 2004

Incorporator's Signature

Incorporator(s)'s Signature

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 of Registered Agent

8/11/04

Signature of Incorporator

Date

04 AUS 15 AM 11:0"