P04000129142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ *Certificates of Status* _____

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04 SEP 13 AM 7:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W04-38978
8/31

TRANSMITTAL LETTER

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

SUBJECT: PEACE OF MIND SERVICES, 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: PEACE OF MIND SERVICES, INC.
Name (Printed or typed)

2600 HARDEN BLVD, #56
Address

LAKELAND, FL 33803
City, State & Zip

863-521-6728
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 31, 2004

PEACE OF MIND SERVICES, INC.
2600 HARDEN BLVD. #56
LAKELAND, FL 33803

SUBJECT: PEACE OF MIND SERVICES, INC.
Ref. Number: W04000032978

We have received your document for PEACE OF MIND SERVICES, INC. and your check(s) totaling $87.50. 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) 245-6878.

Alan Crum
Document Specialist
New Filings Section

Letter Number: 304A00052849

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

PEACE OF MIND SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

P.O. Box 5012
LAKELAND, FL 33807-5012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PRIVATE PROVIDER FOR MEDICAID WAIVER HANICAPPED PERSON(S)
THROUGH FLORIDA DEPARTMENT OF CHILDREN AND FAMILIES.

ARTICLE IV SHARES

The number of shares of stock is:

2 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

ARTICLE VI REGISTERED AGENT

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

HOLLY S. DAVIDSON
5420 Wilmington Circle, #105
LAKELAND, FL 33813

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

PHILIP E. DAVIDSON
P.O. Box 5012
LAKELAND, FL 33807-5012

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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

Holly S. Davidson
Signature/Registered Agent

AUGUST 26, 2004
Date

Philip E. Davidson
Signature/Incorporator

AUGUST 26, 2004
Date