

POS000078297

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300055126593

05/27/05--01015--017 **70.00

RECEIVED
AND
FILED
05 MAY 27 PM 2:02
SECRETARY OF STATE
HALL AND GREGORY BUILDING

✓✓

CB 531

TRANSMITTAL LETTER

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

SUBJECT: American Geriatric Education 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: James M. O'Donnell

Name (Printed or typed)

6320 St. Augustine Road, Suite 4

Address

Jacksonville, FL 32217

City, State & Zip

904-419-4994

Daytime Telephone number

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

APPROVED
AND
FILED

05 MAY 27 PM 2:02

SECRETARY OF STATE
TALLAHASSEE, 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:

American Geriatric Education Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6320 St. Augustine Road, Suite 4
Jacksonville, FL 32217

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is organized for the purpose of conducting any lawful business for which corporations may be incorporated under the Florida General Corporations Act.

ARTICLE IV SHARES

The number of shares of stock is:

This corporation is authorized to issue Ten Thousand (10,000) Shares of \$.01 par value Common Stock.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

N/A.

ARTICLE VI REGISTERED AGENT

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

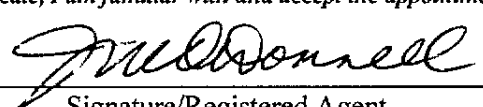
James M. O'Donnell
6320 St. Augustine Road, Suite 4
Jacksonville, FL 32217

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James M. O'Donnell
6320 St. Augustine Road, Suite 4
Jacksonville, FL 32217

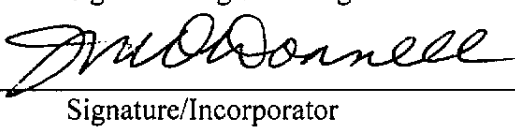
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

5/25/05

Date



Signature/Incorporator

5/25/05

Date