# P05000115336

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
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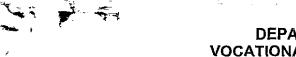
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RECRETARY OF STATE

FILED



# DEPARTMENT OF EDUCATION **VOCATIONAL REHABILITATION SERVICES AUTHORIZATION AND BILLING INVOICE**

Return To: VOCATIONAL REHABILITATION 10700 CARIBBEAN BLVD.#204 MIAMI, FL 331890000

(305) 252-4453

INVOICE #: EJAX507

EXP. OPTION: A7

GRANT #: A2705

FOR:

VENDOR:

0001

MR RONALD J POPE

P.O. BOX 565537

KENDALL, FL 332565537

TALLAHASSEE, FL 323140000

ID#: 261982479 CASE# 07

MEDICAID NO:

POLICY NO:

INSURANCE CO:

VF593466865008

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS OBJECT CODE: 252019

ORG. CODE: 48800206609 PO BOX 6327

FUND CODE: 10

FEE **AUTHORIZED** BILLED SERVICE TO BE PROVIDED: **AMOUNT AMOUNT** CODE

Pursuant to Rule 60A-1.030(3)(d)vili and 60A-1.032(1)(g)&(h) the following transaction(s) are not subject to the one percent transaction fee.

EQUIP/INITIAL STOCK OTHER G&S

G10000

\$70.00

Item/Hour\_ 08/15/2005

\$70.00

•	STATE TAX EXEMPT #:			TOTAL	\$70.00	
	47-00-025947-52C	4422	08/15/2005			
For	ALEIDA MIRANDA-ESPINAL	CO#	DATE	SIGNATUR	RE OF VENDOR	DATE
for	SUPERVISOR APPROVAL		DATE		VENDOR: PLEASE SIGN AND RETURN THIS COPY. RETAIN 2ND COPY FOR YOUR RECORDS.	
	COUNSELOR APPROVAL FOR PAYM	ENT	DATE	<del></del>	· <del></del> ·	

ALL SERVICES WERE PROVIDED IN CONFORMANCE WITH SECTION 504 OF REHABILITATION ACT AND WITHOUT REGARD TO THE CLIENT'S RACE, COLOR, DISABILITY OR NATIONAL ORIGIN AS REQUIRED BY TITLE VI OF THE CIVIL RIGHTS ACT. I WILL ACCEPT PAYMENT BY VOCATIONAL REHABILITATION AS PAYMENT IN FULL FOR SERVICES RENDERED.

PAGE: 1 of 1

## TRANSMITTAL LETTER

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

SUBJECT: RJP SE	ERVICES OF SOUTH FLORIDA,	INC.	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:
☑ \$70.00 Filing Fee	\$78.75 Filing Fee	\$78.75 Filing Fee	\$87.50 Filing Fee, Certified Copy & Certificate of
r nuig rec	& Certificate of Status	& Certified Copy	
		ADDITIONAL CO	
			<u> </u>
FROM: Ro	nald Pope		
	Name	(Printed or typed)	
1	P.O. Box 565537		
-		Address	·
<u> </u>	Miami, Florida 33256-5537	State & Zip	
	City,	State of Zip	
,	(786) 234-1602		
-	Daytime 1	elephone number	

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

## ARTICLES OF INCORPORATION

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

FILED

05 AUG 18 PM 4: 35

SECRETARY OF STATE TALLAHASSEE, FLORIDA

# ARTICLE I NAME

The name of the corporation shall be:

RJP Services of South Florida, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: P.O. 565537
Miami, Florida 33256-5537

#### ARTICLE III PURPOSE

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

#### ARTICLE IV SHARES

The number of shares of stock is:

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ronald J. Pope, President

#### ARTICLE VI REGISTERED AGENT

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

Ronald J. Pope 3415 N.E. 9th Drive, Unit 203 Homestead, Florida 33030

#### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ronald J. Pope 3415 N.E. 9th Drive, Unit 203 Homestead, Florida 33030

Signature/Registered/Agent

08-15-05

08-15-05

Date

Signature/Incorporator