

PD5000115336

(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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TALLAHASSEE, FLORIDA

**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: MR RONALD J POPE  
P.O. BOX 565537  
KENDALL, FL 332565537

ID#: 261982479 CASE # 07

MEDICAID NO :  
INSURANCE CO :  
POLICY NO :  
OBJECT CODE : 252019  
ORG. CODE : 48800206609  
FUND CODE : 10

VENDOR: VF593466865008  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
PO BOX 5327  
TALLAHASSEE, FL 323140000

SERVICE TO BE PROVIDED :	FEE CODE	AUTHORIZED AMOUNT	BILLED AMOUNT
Pursuant to Rule 60A-1.030(3)(d)viii and 60A-1.032(1)(g)&(h) the following transaction(s) are not subject to the one percent transaction fee.			
0001 EQUIP/INITIAL STOCK,OTHER G&S	G10000	\$70.00	
Item/Hour	1 @	\$70.00	
08/15/2005			

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TALLAHASSEE, FLORIDA

STATE TAX EXEMPT # :

TOTAL

\$70.00

47-00-025947-52C

4422

08/15/2005

ALEIDA MIRANDA-ESPINAL

CO #

DATE

SIGNATURE OF VENDOR

DATE

SUPERVISOR APPROVAL

DATE

VENDOR: PLEASE SIGN AND RETURN  
THIS COPY. RETAIN 2ND  
COPY FOR YOUR RECORDS.

COUNSELOR APPROVAL FOR PAYMENT

DATE

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.

## TRANSMITTAL LETTER

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

**SUBJECT:** RJP SERVICES OF SOUTH FLORIDA, 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:** Ronald Pope

Name (Printed or typed)

P.O. Box 565537

Address

Miami, Florida 33256-5537

City, State & Zip

(786) 234-1602

Daytime Telephone number

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

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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:

RJP Services of South Florida, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling 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:

100

### 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

\*\*\*\*\*

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

08-15-05  
Date

  
Signature/Incorporator

08-15-05  
Date