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05 Oct 24 PM 3:50  
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

October 26, 2005

COMMUNITY REHABILITATION CENTER TRANSPORTATION, INC  
623 BEECHWOOD STREET  
JACKSONVILLE, FL 32206

SUBJECT: COMMUNITY REHABILITATION CENTER TRANSPORTATION,  
INC.  
Ref. Number: W05000048801

We have received your document for COMMUNITY REHABILITATION CENTER TRANSPORTATION, INC. and your check(s) totaling \$78.75. 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) 245-6955.

Suzanne Hawkes  
Document Specialist  
NEW FILINGS

Letter Number: 905A00064918

**COVER LETTER**

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

**SUBJECT:** Community Rehabilitation Center Transportation, 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:** Community Rehabilitation Center Transportation, Inc.  
Name (Printed or typed)

623 Beechwood Street  
Address

Jacksonville, Florida 32206  
City, State & Zip

904-358-1211 Ext 111  
Daytime Telephone 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)

**ARTICLE I NAME**

The name of the corporation shall be:

Community Rehabilitation Center Transportation, Inc.

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TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

623 Beechwood Street, Jacksonville, Florida 32206

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide transportation for person's living with disabilities to doctors office and other treatment facilities and appointments.

**ARTICLE IV SHARES**

The number of shares of stock is:

None  ONE (1)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Reginald Gaffney, 1845 Daytona Drive South, Jacksonville, Florida 32218

Stanley Twiggs, 2292 Nettle Brook North, Jacksonville, Florida 32218

**ARTICLE VI REGISTERED AGENT**

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

Jimmie P. Hicks, 13407 Ashcroft Landing Court, Jacksonville, Florida 32225

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Jimmie P. Hicks, 13407 Ashcroft Landing Court, Jacksonville, Florida 32225

\*\*\*\*\*  
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

Jimmie P. Hicks  
Signature/Registered Agent

10-18-05  
Date

Jimmie P. Hicks  
Signature/Incorporator

10-18-05  
Date