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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: People First- Waiver Support Coordination
(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: Ardella Alberts
Name (Printed or typed)

2842 SW Dinner Street
Address

Port St. Lucie, FL 34953
City, State & Zip

772-873-9388
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 10, 2005

ARDELLA ALBERTS
2842 SW DINNER STREET
PORT ST. LUCIE, FL 34953

SUBJECT: WAIVER SUPPORT COORDINATION
Ref. Number: W05000050693

We have received your document for WAIVER SUPPORT COORDINATION 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please use officer and director titles recognized by the Department of State.

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) 245-6962.

Valerie Herring
Document Specialist
NEW FILINGS

Letter Number: 505A00067205

An effective date may be added to the Articles of Incorporation if a 2006 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

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) 245-6962.

Valerie Herring
Document Specialist
NEW FILINGS

Letter Number: 505A00067205



Ardella Alberts, MSW
Independent Waiver Support Coordinator
2842 SW Dinner Street Port Saint Lucie, Florida 34953
Phone: 772-873-9388 Fax: 772-873-9388
After Hours Emergency Only: 772-342-5729

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
ARTICLES OF INCORPORATION
OF People First, Inc. – Waiver Support Coordination

Pursuant to Chapter 607 of the Florida Business Corporation Act, the undersigned incorporator submits these articles of Incorporation for the purpose of forming a for-profit corporation.

ARTICLE I NAME

The name of the corporation shall be: People First, Inc. – Waiver Support Coordination

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation is:

2842 SW Dinner Street
Port St. Lucie, FL. 34953

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Social Services Case Management*

ARTICLE IV SHARES

The number of shares of stock is: The Corporation is authorized to issue one class of stock; that being 500 shares of one-dollar par value, common stock with identical rights and privileges, the transfer of which is restricted according to the bylaws of the corporation.

ARTICLES V INITIAL OFFICERS AND /OR DIRECTORS

List name, address and specific title:

Ardella Alberts, MSW – Director
2842 SW Dinner Street
Port St. Lucie, FL. 34953

ARTICLES OF INCORPORATION

Page 2

Alberts, A.

ARTICLES VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Ardella Alberts, MSW – Director
2842 SW Dinner Street
Port St. Lucie, FL. 34953

ARTICLE VII

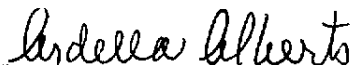
The **name and address** of the Incorporator is:

Ardella Alberts, MSW – Director
2842 SW Dinner Street
Port St. Lucie, FL. 34953

ARTICLE VIII

Effective date for Incorporation is January 1, 2006.

In witness whereof, the undersigned incorporator has executed these Articles of Incorporation on the date below. The undersigned incorporator hereby declares, under penalty of perjury, that the statements made in the forgoing Articles of Incorporation are true, and that the incorporator is a least eighteen years of age.



Ardella Alberts, Incorporator

November 1, 2005



Ardella Alberts, MSW
Independent Waiver Support Coordinator
2842 SW Dinner Street Port Saint Lucie, Florida 34953
Phone: 772-873-9388 Fax: 772-873-9388
After Hours Emergency Only: 772-342-5729

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA STATUTES. THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA. SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **People First, Inc.**
Waiver Support Coordination
2. The name and address of the registered agent and office is:

Ardella Alberts, MSW – Director
2842 SW Dinner Street
Port St. Lucie, FL. 34953

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with the accept the obligations of my position as registered agent.

Ardella Alberts
Signature

11-18-05
Date