

PO6000037250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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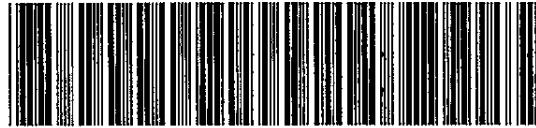
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C8314

## COVER LETTER

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

SUBJECT: A.C.T. HEALTHCARE SUPPORT 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: AARON COLUMBUS THURMOND JR.  
Name (Printed or typed)

318 WILDBERRY CT  
Address

ORANGE PARK, FL 32073  
City, State & Zip

904-210-5643  
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:

A.C.T. HEALTHCARE SUPPORT SERVICES, INC.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

318 WILDBERRY CT  
ORANGE PARK, FL 32073

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HEALTHCARE SUPPORT

### ARTICLE IV SHARES

The number of shares of stock is:

1 SHARE @ \$1.00

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

AARON COLUMBUS THURMOND JR (OWNER)

### ARTICLE VI REGISTERED AGENT

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

AARON COLUMBUS THURMOND JR  
318 WILDBERRY CT  
ORANGE PARK, FL 32073

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AARON COLUMBUS THURMOND JR  
318 WILDBERRY CT  
ORANGE PARK, FL 32073

\*\*\*\*\*  
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

Aaron Columbus Thurmond Jr  
Signature/Registered Agent

01 MARCH 2006  
Date

Aaron Columbus Thurmond Jr  
Signature/Incorporator  
AARON Columbus Thurmond Jr

01 MARCH 2006  
Date

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TALLAHASSEE, FLORIDA