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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

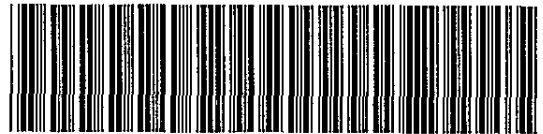
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W06-11366



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03/07/06--01030--016 \*\*78.75

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2006 MAR 20 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

3/20/06

COVER LETTER

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2006 MAR 20 PM 4:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

SUBJECT: \_\_\_\_\_

RIVER CITY SERVICES.

(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: \_\_\_\_\_

SANDRA BUENANO

Name (Printed or typed)

10765 ALUMNI WAY

Address

JACKSONVILLE, FL 32246

City, State & Zip

(904) 367-1019 (904) 374-3759

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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2006 MAR 20 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

March 8, 2006

SANDRA BUENANO  
10765 ALUMNI WAY  
JACKSONVILLE, FL 32246

SUBJECT: RIVER CITY SERVICES  
Ref. Number: W06000011366

We have received your document for RIVER CITY SERVICES 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 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) 245-6973.

Claretha Golden  
Document Specialist  
New Filing Section

Letter Number: 806A00016188

**ARTICLES OF INCORPORATION**

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

**FILED**

**ARTICLE I NAME**

The name of the corporation shall be:

RIVER CITY SERVICES CORP.

2006 MAR 20 PM 4:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

10765 ALUMNI WAY  
JACKSONVILLE, FL 32246

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE HEALTH CARE SERVICES TO MEDICAID &  
LOW INCOME CLIENTS.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 @ \$3.00 per share

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

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

Sandra Buenano (C.E.O.)  
Anthony Ortiz (DIRECTOR)

**ARTICLE VI REGISTERED AGENT**

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

Sandra Buenano  
10765 Alumni Way  
Jacksonville, FL 32246

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Sandra Buenano  
10765 Alumni Way  
Jacksonville, FL 32246

\*\*\*\*\*

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

Sandra Buenano  
Signature/Registered Agent

3/1/06  
Date

Sandra Buenano  
Signature/Incorporator

3/1/06  
Date