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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name	e)
(Document Number)	
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06 MAY -8 PH 4: 37

LIGNETARY OF STATE AHASSEE, FLORIDA

COVER LETTER

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

SUBJECT:	One Living, Inc		
Enclosed are an ori	(PROPOSED CORPORAT	 -	
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	▼ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Angela Smith Wright	(Printed or typed)	
	11373 Montego Bay D	rive East	
	Jacksonville, Florida 32	218 State & Zip	
	(904) 705-5531	alenhone 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 One Living, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

11373 Montego Bay Drive East Jacksonville, Florida 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide healthcar services.

ARTICLE IV SHARES

The number of shares of stock is:

4

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Angela Smith Wright, Director 11373 Montogo Bay Dr. East Jacksonville, Fl. 32218 Bernice Wright, Officer 4662 Harbor Veiw Dr. Jacksonville, Fl. 32208

ARTICLE VI REGISTERED AGENT

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

Bernice Wright 4662 Harbor Veiw Dr. Jacksonville, Fl. 32208

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Angela Smith Wright 11373 Montogo Bay Dr. East Jacksonville, Fl. 32218

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

Signature/Incorporator

/ Date

Date

06 MAY -8 PM 4:37
SECRETARY OF STATE
FALLAHASSEF, FLORIN,