

P060000067569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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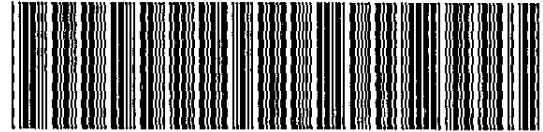
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Huggins Healthcare Services Corp.
(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: Kelissa Huggins
Name (Printed or typed)

P.O. Box 329 (13963 Main St.)
Address

Gretna, Florida 32332
City, State & Zip

(850) 856-5392 or 980-5252
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:

Huggins Healthcare Services Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. Box 329
Gretna, Florida 32332

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide excellent quality healthcare services
for individuals with various health conditions & disabilities.

ARTICLE IV SHARES

The number of shares of stock is: ~~5~~ 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Mrs. Kelissa Huggins (Medicaid Provider)
P.O. Box 329
Gretna, Fla. 32332

ARTICLE VI REGISTERED AGENT

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

Kelissa Huggins
13963 Main Street
Gretna, Fla. 32332

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kelissa Huggins
13963 Main Street
Gretna, Fla. 32332

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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

Kelissa Huggins

Signature/Registered Agent

Kelissa Huggins

Signature/Incorporator

5/15/06

Date

5/15/06

Date