P06000067569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☒ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

400074246054

05/16/06--01003--007 **87.50

RECEIVED
06 MAY 15 PM 4:19
OFFICE OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 MAY 15 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Hampton MAY 1 5 2006

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/mailing 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: ~~3~~ 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

FILED
06 MAY 15 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Kelissa Huggins
13963 Main Street
Gretna, Fla. 32332

****

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 — 5/15/06 — Date

Kelissa Huggins — Signature/Incorporator — 5/15/06 — Date