

PO6000077019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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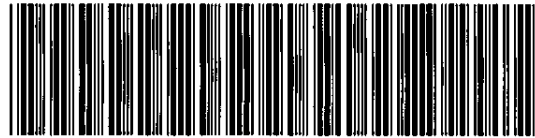
(Business Entity Name)

(Document Number)

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06/05/06--01010--014 **50.00

06/05/06--01018--019 **20.00

FILED
06 JUN -5 PM 1:42
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

RECEIVED
06 JUN -5 PM 1:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

T. Hampton JUN -5 2006

TRANSMITTAL LETTER

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

SUBJECT: Solomon Health Care 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jeffrey Ann Patricia Solomon
Name (Printed or typed)

114 Arden Rd.
Address

Tallahassee FL 32305
City, State & Zip

(850) 219-0424
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)

FILED

06 JUN -5 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Solomon Health Care Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

114 Arden Rd
Tallahassee FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Profit

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Vettieann P. Solomon - President - owner
114 Arden Rd
Tallahassee FL 32305 - Treasury
Sohn Solomon
114 Arden Rd
Tallahassee, FL 32305

ARTICLE VI REGISTERED AGENT

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

Vettieann P. Solomon
114 Arden Rd
Tallahassee FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Vettieann Patrice Solomon
114 Arden Rd
Tallahassee FL 32305

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


Date


Signature/Incorporator


Date