

P06000151910

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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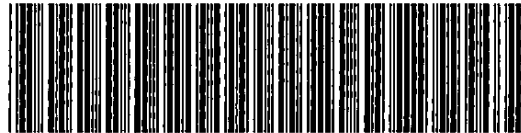
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

70

COVER LETTER

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

SUBJECT: FJA MED WAIVER D.H.S. 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
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: FELICIA Aaron
Name (Printed or typed)

1721 N.W. 17th AVE (P.O. Box 4626 Ocala, FL 34478)
Address

Ocala, FL 3447
City, State & Zip

(352) 840-7187
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 21, 2006

FELICIA AARON
P.O. BOX 4626
OCALA, FL 34478

SUBJECT: FJA MED WAIVER D.H.S. INC.
Ref. Number: W06000041526

We have received your document for FJA MED WAIVER D.H.S. INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The registered agent must sign accepting the designation.

Please return 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 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 206A00056550

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: *FJA MED WAIVER D.H.S. INC.*

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: *1721 N.W. 17th AVE
Ocala, FL 34475*

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
provide services for disabled

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*FELICIA AARON
1721 N.W. 17th AVE
Ocala, FL 34475
FJA MED WAIVER D.H.S. INC.*

ARTICLE VI REGISTERED AGENT

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

*FELICIA AARON
1721 N.W. 17th AVE
Ocala, FL 34475*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*FELICIA AARON
1721 N.W. 17th AVE
Ocala, FL 34475*

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

Felicia Aaron

Signature/Registered Agent
Felicia Aaron

Signature/Incorporator

09-11-06

Date

09-11-06

Date

FILED
06 DEC -7 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA