

PO 7000002710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

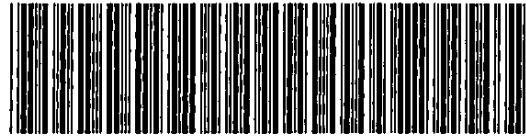
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2001 JAN -5 P 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-8-07
WC

COVER LETTER

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

SUBJECT: ALL ABOUT U SUPPORT 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 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: Robin S. Hockett, MSW
Name (Printed or typed)

1522 15TH Lane
Address

Greenacres, FL 33463
City, State & Zip

(561) 968-2758
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: ALL ABOUT U support Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1522 15th Lane
Greenacres, FL 33463

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: providing supports & services to individuals with developmental disabilities

ARTICLE IV SHARES

The number of shares of stock is:

100% RH ERROR

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Robin S. Hockett, MSW - CEO
1522 15th Lane
Greenacres, FL 33463

ARTICLE VI REGISTERED AGENT

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

Robin S. Hockett, MSW
1522 15th Lane
Greenacres, FL 33463

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robin S. Hockett, MSW
1522 15th Lane
Greenacres, FL 33463

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

Robin S Hockett MSW
Signature/Registered Agent

1/1/07
Date

Robin S Hockett MSW
Signature/Incorporator

1/1/07
Date

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2007 JAN -5 P 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA