

PD7000046329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

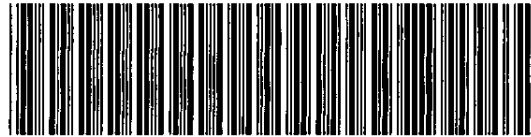
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400096922584

04/16/07--01025--019 **78.75

2007 APR 16 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

CS. 4-16

COVER LETTER

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

SUBJECT: WOODS AFCH, 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: Ruth Woods
Name (Printed or typed)

10749 Bahia Dr
Address

Jacksonville, FL 32246
City, State & Zip

904 553-0781 / 904 642-2434
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

ARTICLE I NAME

The name of the corporation shall be:

WOODS ADULT FAMILY CARE Home, INC.

2007 APR 16 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10749 Bahia Dr
Jacksonville, FL 32246

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To protect it's assets and for legal tending.

ARTICLE IV SHARES

The number of shares of stock is: 1 - one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ruth Woods - President
10749 Bahia Dr
Jacksonville, FL 32246

ARTICLE VI REGISTERED AGENT

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

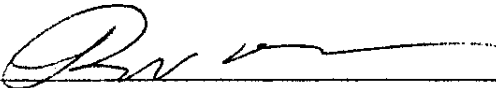
Ruth Woods
10749 Bahia Dr
Jacksonville, FL 32246

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Ruth Woods
PO Box 3223
Jacksonville, FL 32206

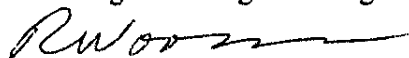
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

4/10/07

Date



Signature/Incorporator

4/10/07

Date