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COVER LETTER

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

SUBJECT: LN&D H	ealthcare Consulting, Inc.			
	(PROPOSED CORPORATI	E NAME – <u>MUST INCLU</u>	DE SUFFIX)	
Enclosed is 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	\$78.75 Filing Fee & Certified Copy		
	Status		& Certificate	
		ADDITIONAL COPY REQUIRED		
	'			
FROM: Demetrice Dowdell				
Name (Printed or typed)				
3791 Ribault Scenic Drive				
Address				
Jacksonville, Florida 32208			_	
City, State & Zip				
(904)881-8908				
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

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SECT. PART OF STATE TALLAR ASSET, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

LN&D Healthcare Consuiting, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

3791 Ribault Scenic Drive Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality consulting to aid in quality of life in human services.

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):

Demetrice Dowdell 3791 Ribault Scenic Drive Jacksonville, FL 32208

ARTICLE VI REGISTERED AGENT

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

Demetrice Dowdell 3791 Ribault Scenic Drive Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Demetrice Dowdell 3791 Ribault Scenic Drive Jacksonville, FL 32208

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

Quantuco Doundol 8/24/0
Signature/Registered Agent Date
Signature/Incorporator Date