P07000108319

(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:

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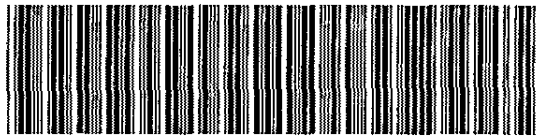

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

cs 10-2

COVER LETTER

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

SUBJECT: Marion Provider Care Services inc
(PROPOSED CORPORATE NAME – MUST INCLUDE 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 Status	☐ $78.75 Filing Fee & Certified Copy	☐ $87.50 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Bellissa Pandy
Name (Printed or typed)

10318 Piedmont Rd
Address

Jacksonville, FL 32218
City, State & Zip

904-537-5718
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Marion Provider Care Services, inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

10318 Piedmont Rd.
Jacksonville, FL 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide quality services for people w disabilities.

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Bellissia Pandy-10318 Piedmont Rd; Jax, FL 32218 (Director)
Elizabeth Session-2331 Myra Street; Jax, FL 32204 (Admin. Assist

ARTICLE VI REGISTERED AGENT

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

Elizabeth Session-2331 Myra Street, Jax, FL 32204

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Bellissia M. Pandy-10318 Piedmont Rd; Jax, FL 32218

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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

Elizabeth Session
Signature/Registered Agent

10-1-2007
Date

Signature/Incorporator

10/1/2007
Date