

P070000/2225

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

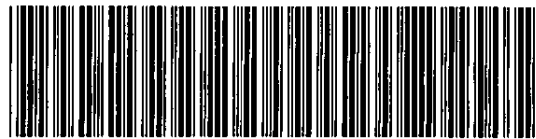
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

VH

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**COVER LETTER**

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

SUBJECT: Nettie Mae Berry Foundation 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: Tandra Simmons  
Name (Printed or typed)

113 N.E. 39th Place  
Address

Gainesville, FL 32609  
City, State & Zip

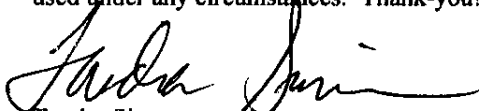
352-258-3450  
Daytime Telephone number

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

Attn: State of Florida  
Department of State

10/26/07

I, Tandra Simmons, CEO/President of Nettie Mae Berry Foundation Inc. will like to continue using my company's business name. I will be applying for another document number for this company. I no longer will use this document number P0600039589 for any reason. This document number is not, and will not be used under any circumstances. Thank-you! For any questions please call 352-258-3450.

  
Tandra Simmons



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 31, 2007

TANDRA SIMMONS  
113 N.E. 39TH PLACE  
GAINESVILLE, FL 32609

SUBJECT: NETTIE MAE BERRY FOUNDATION NC.  
Ref. Number: W07000053936

We have received your document for NETTIE MAE BERRY FOUNDATION NC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

An effective date may be added to the Articles of Incorporation if a 2008 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of 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) 245-6962.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 807A00063789

## **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:

**Nettie Mae Berry Foundation Inc.**

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

113 Northeast 39th Place  
Gainesville, FL 32609

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Medicaid Waiver Provider-Services that are given to support the disable U.S. citizens,  
or mental retarded.

### **ARTICLE IV      SHARES**

The number of shares of stock is:

**1 share**

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

Tandra Lamikia Simmons  
113 Northeast 39th Place  
Gainesville, FL 32609

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Tandra Lamikia Simmons  
113 Northeast 39th Place  
Gainesville, FL 32609

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TALLAHASSEE, FLORIDA

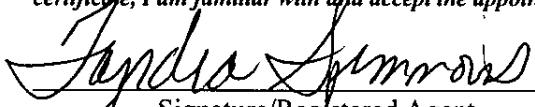
**ARTICLE VII INCORPORATOR**

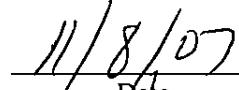
The name and address of the Incorporator is:

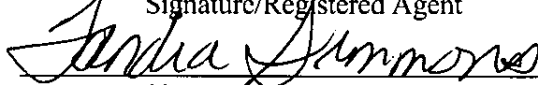
Tandra Lamikia Simmons  
113 Northeast 39th Place  
Gainesville, FL 32609

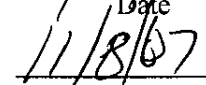
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

  
\_\_\_\_\_  
Signature/Registered Agent

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date