

P090000 23292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

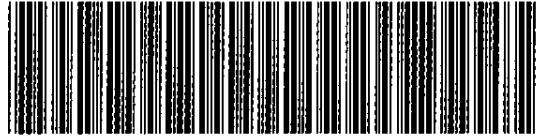
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2009 MAR 12 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Joseph W. Jones, ARNP, P.A.
(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: Joseph Jones
Name (Printed or typed)

18498 NW 24th AVE
Address

Citra, FL 32113
City, State & Zip

352-817-7721
Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Joseph W. Jones, ARNP, P.A.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

Principal: 18498 NW 24th AVE
Citra, FL 32113

mailing: P.O. Box 5670
Ocala, FL 34478

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide primary, secondary, and tertiary medical care to patients in Nursing Homes, rehabilitation centers, and assisted living.

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):

Joseph W. Jones; CEO

ARTICLE VI REGISTERED AGENT

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

Joseph W. Jones
18498 NW 24th AVE
Citra, FL 32113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph W. Jones
18498 NW 24th AVE
Citra, FL 32113

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

Joseph W. Jones
Signature/Registered Agent

3/10/9
Date

Joseph W. Jones
Signature/Incorporator

3/10/9
Date