

PO9000051658

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

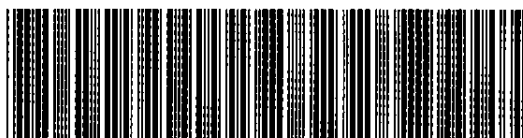
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Special Instructions to Filing Officer:

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505-691

W09-23320



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05/14/09--01014--020 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2009 JUN 12 PM 2:42

gf 6/15/09

COVER LETTER

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

SUBJECT: sp phlebotomy svc.
(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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: sherise parchmon
Name (Printed or typed)

4910 n 32nd st
Address

tampa, fl 33610
City, State & Zip

(813)526-4392
Daytime Telephone number

sheriseparchmon31@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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2009 JUN 12 PM 2:43



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2009 JUN 12 PM 2:43

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 2, 2009

SHERISE PARCHMON
4910 N 32ND STREET
TAMPA, FL 33610

SUBJECT: SP PHLEBOTOMY SVC. INC.
Ref. Number: W09000023320

We have received your document for SP PHLEBOTOMY SVC. INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 309A00018533

RECEIVED
DEPARTMENT OF STATE
09 JUN 12 AM 10:40



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2009

SHERISE PARCHMON
4910 N 32ND STREET
TAMPA, FL 33610

SUBJECT: SP PHLEBOTOMY SVC.
Ref. Number: W09000023320

We have received your document for SP PHLEBOTOMY SVC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 309A00016824

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DIVISION OF CORPORATIONS
2009 JUN 12 PM 2:43

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: sp phlebotomy svc. Inc.

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DIVISION OF CORPORATION

2009 JUN 12 PM 2:43

ARTICLE II PRINCIPAL OFFICE

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

4910 N. 32nd St.
Tampa, FL 33610

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mobile Phlebotomy Svc.

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sherise L. Parchman (owner) (Phlebotomist)
4910 N. 32nd St.
Tampa, FL 33610

ARTICLE VI REGISTERED AGENT

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

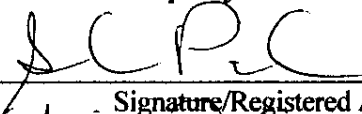
Sherise L. Parchman
4910 N. 32nd St.
Tampa, FL 33610

ARTICLE VII INCORPORATOR

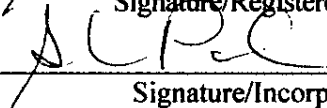
The name and address of the Incorporator is:

Sherise L. Parchman
4910 N. 32nd St.
Tampa, FL 33610

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



Signature/Incorporator

5/6/09
Date

5/6/09
Date