

PD9000075174

(Requestor's Name)

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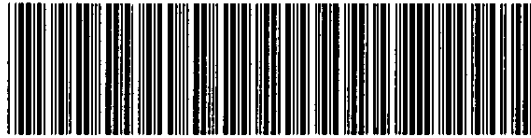
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/09--01013--004 **78.75

FILED
09 SEP -8 PM 4:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MR 9/9

11009-39221

COVER LETTER

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

SUBJECT: ClearView Case Management, 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

| | |
|--|---|
| <input type="checkbox"/> \$78.75 Filing Fee & Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status |
| ADDITIONAL COPY REQUIRED | |

FROM: Marilyn C. Mule'
Name (Printed or typed)

2401 SW 19 Terrace
Address

Miami, FL 33145
City, State & Zip

305-285-3099
Daytime Telephone number

mmarylin@belsouth.net
E-mail address: (to be used for future annual report notification)

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



RECEIVED
DEPARTMENT OF STATE

09 SEP -8 PM 1:04

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2009

MARILYN C MULE
2401 SW 19 TERRACE
MIAMI, FL 33145

SUBJECT: CLEARVIEW CASE MANAGEMENT, INC.
Ref. Number: W09000039221

We have received your document for CLEARVIEW CASE MANAGEMENT, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Florida law requires the street address of the principal office and, if different the mailing address of the entity. A post office box is not acceptable for the principal office.

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) 245-6879.

Ruby Dunlap
Regulatory Specialist II
New Filing Section

Letter Number: 709A00029192

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:

ClearView Case Management, Inc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

2401 SW 19 Terrace
Miami, FL 33145

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Case Management

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):

Marilyn C. Mule', President, secretary and treasurer
2401 SW 19 Terrace
Miami, FL 33145

ARTICLE VI REGISTERED AGENT

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

Marilyn C. Mule'
2401 SW 19 Terrace
Miami, FL 33145

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marilyn C. Mule'
2401 SW 19 Terrace
Miami, FL 33145

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

Marilyn C. Mule'

Signature/Registered Agent

Marilyn C. Mule'

Signature/Incorporator

8/26/09

Date

8/26/09

Date