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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
Debra GAVE
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SECHETARY OF STATE

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## **COVER LETTER**

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

SUBJECT: Stone and Humphvies Suggest Coordination, 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  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED		
FROM:	5787 Lonew Jupiter, City, S 521-252	Stone (Printed or typed)  Ood Ct ddress  State & Zip  - 4702 lephone number			

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

E-mail addless: (to be used for future annual report notification)

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:  Stone and thumphries Support Coordina	tion, Inc
ARTICLE II PRINCIPAL OFFICE  The principal street address and mailing address, if different is:  5787 Lohewood Cf, Jupiter, FC 33457	5
The purpose for which the corporation is organized is:  Provide Case Management  ARTICLE IV SHARES  The number of shares of stock is:  // OO  ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  Debra Shore Co-owner-5084 Ashley Lake  ARTICLE VI REGISTERED AGENT  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:  Debra Stone 5787 Lanewood Ct, Jupiten 6 33	
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Debra Store 5787 Lonewood Ct, Jupiter, &  Ivy Hum Phries  Having been named as registered agent to accept service of process for the above stated corplace designated in this certificate, I am familiar with and accept the appointment as registered agree to act in this capacity	********* poration at the
Signature/Registered Agent Date	<u>)</u>

Date

Signature/Incorporator