

P10000044833

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

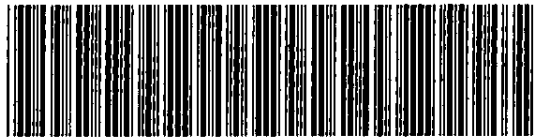
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/28/10--01015--009 **87.50

FILED

10 MAY 24 PM 3:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1000020865

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COVER LETTER

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

SUBJECT: _____
(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: Dr. Tonya A. Pitts

Name (Printed or typed)

5240 Polan lane

Address

Jacksonville, FL 32209

City, State & Zip

904- 962-5121

Daytime Telephone number

gloryangel007@gmail.com

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 29, 2010

TONYA A. PITTS
5240 POLAN LANE
JACKSONVILLE, FL 32209

SUBJECT: OUTREACH SERVICES, INC.
Ref. Number: W10000020865

We have received your document for OUTREACH SERVICES, 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):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6869.

Christine Haney
Senior Clerk
New Filing Section

Letter Number: 910A00010673

RECEIVED
10 MAY 24 PM
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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:

Services OutReach, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1268 Edgewood Ave W Ste 2

Jacksonville, FL 32208

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Representative Payee/ Guardianship

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

(D) Larry Mitchell
2367 Jernigan Rd
Jacksonville, FL
32207

ARTICLE VI REGISTERED AGENT

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

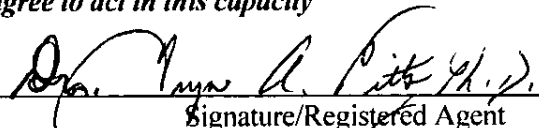
Dr. Tonya A. Pitts
5240 Polan Lane
Jacksonville, FL 32209

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

Dr. Tonya A. Pitts
5240 Polan Lane
Jacksonville, FL 32209

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

5-17-10

Date

5-17-10

Date

FILED
10 MAY 24 PM 3:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA