

P10000080300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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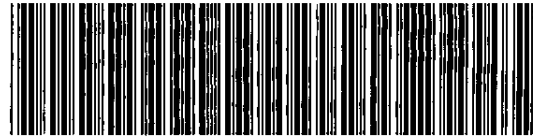
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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15
10/4/10

COVER LETTER

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

SUBJECT: Carol Ann Wilson Medicaid Specialist 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

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Carol Ann Wilson

Name (Printed or typed)

2420 12 Street North

Address

St. Petersburg, Florida, 33704

City, State & Zip

727 599 4367

Daytime Telephone number

caw6696@yahoo.com

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

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

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:

Carol Ann Wilson Medicaid Specialist Inc.

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ARTICLE II PRINCIPAL OFFICE

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

2420 12 Street North

St. Petersburg, FL 33704

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to offer Medicaid Application advice and help.

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):

Carol Ann
Wilson
President

Robert M Larson
Secretary

ARTICLE VI REGISTERED AGENT

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

Carol Ann Wilson

2420 12 Street North

St. Petersburg, FL 33704

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carol Ann Wilson

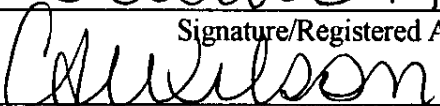
2420 12 street North

St. Petersburg, FL 33704

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

9/21/10

Date

9/21/10

Date