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(Requestor's Name)				
(Address)				
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PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Na	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 31, 2011

CLAIRE A. MEADOWS 13882 WHITE HERON PLACE JACKSONVILLE, FL 32224

SUBJECT: CLAIRE MEADOWS, PA

Ref. Number: W11000045215

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

The specific business purpose of the professional association must be stated in the document.

Please complete all address information. The term "As Above" is not sufficient.

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 811A00020337

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COVER LETTER

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

SUBJECT: <u>CLAIKE</u> MEHDOWS (PROPOSED CORPORA	PA			
(PROPOSED CORPORA	TE NAME – <u>MUST INCLUDE SUFFIX</u>)			
Enclosed are an original and one (1) copy of the artic	cles of incorporation and a check for:			
\$70.00 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED			
,				
,	••			
FROM: CLAIRE A. MEA Name	Dows			
Name (Printed or typed)				
13882 WHITE H	ERON PLACE			
JACKSONVILLE FL 32224 City, State & Zip				
904-386-4358 Daytime Telephone number				
Daytine Telephone number				

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

E-mail address: (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 The name of the cor	NAME poration shall be: Claire Meado	ows PA	•
ARTICLE II	PRINCIPAL OFFICE		
Vic. 2	Principal street address	Mailing:	address, if different is:
	13082 White Heron Pl		,
<u>—</u>	Jacksonville, FL 32224		
		<u></u>	
ARTICLE III	PURPOSE		
The purpose for wh	nich the corporation is organized is: a//	legal endemour	2
	.		,
			· · · · · ·
ARTICLE IV	CENSED INSURANCE SHARES STOF STOCK IS: 100,000	" NOTUSTER	
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO	npe	
Name and Tit	IC: PRESIDENT CLAIRE MEAD	Oca Name and Title	
Address:	AS ABOYS 13882 White	Address:	3
	Herer Phace		. 5/.
·	Jackanville Fl 3777	<u>.4</u>	
Name and Tit	le:	Name and Title:	우등 변 책
Address:		Address:	22 N
			V 1
Manne and TSA	1	N 1 m/s.	The second secon
Name and Tit Address:		Name and Title: Address:	
riom vas.		Variess.	
			>
ADTICLE IT			
	<u>REGISTERED AGENT</u> Ida street address (P.O. Box NOT acceptable)	of the registered agent is:	
Name:	Claice Meadows	or the registered agent is.	
Address:	AS ABOVE 13887W	The Herou	L Jax. FL 32224
,			,
ADDICE IN THE	CANCOURAGE A TOOR	•	
	INCORPORATOR ess of the Incorporator is:		
Name:	Claire Meadows		al 7
Address:	Claire Meadows AS ABOVE 12882	white Herou	PL, Lax FL. SLEE
Having been named this certificate, I am	l as registered agent to accept service of proc familiar with and accept the appointment as r	ess for the above stated corp egistered agent and agree to t	oration at the place designated in act in this capacity
	$\neg a$ // . A		
	/V/ eackall		8-26-11
*	Required Signature/Registered Agent	,	Date
I submit this docum	nent and affirm that the facts stated herein a	re true. I am aware that the	false information submitted in a
	ariment of State constitutes a third degree felo		
\bigcirc \bigcirc \bigcirc \bigcirc		- ·	
	Wear Love		8-26-11
	Required Signature/Incorporator		Date