

P/1000086527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

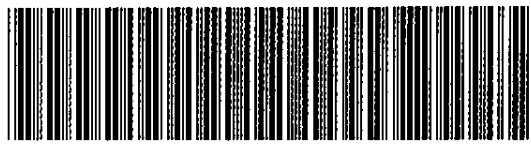
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:
*FILED IN R.A. & INCORPORATIONS
NAME + ADDRESS PER
TELEPHONE CONVERSATION
WITH GEORGE COMPTON.
K 10/03/11*

Office Use Only



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09/30/11--01015--007 **78.75

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11 SEP 30 PM 2:36
TALLAHASSEE, FLORIDA

K 10/03/11

COVER LETTER

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

SUBJECT: Medicaid Assist

(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: Medicaid Assist, Inc.

Name (Printed or typed)

6709 Ridge Road, Ste 108

Address

Port Richey, FL 34668

City, State & Zip

727-844-3677

Daytime Telephone number

jrangels@yahoo.com

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

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

Medicaid Assist, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
6709 Ridge Road, Suite 108
Port Richey, FL 34668

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To facilitate the public's access to government benefits

ARTICLE IV SHARES

The number of shares of stock is: 10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jerrold R. Angel, President/Director
Address: 6709 Ridge Road, Suite 108
Port Richey, FL 34668

Name and Title: Bruce Jonas, Director
Address: 17312 Linda Vista Cir
Lutz, FL 33548

Name and Title: Denise Angel, Vice President/Director
Address: 6709 Ridge Road, Suite 108
Port Richey, FL 34668

Name and Title:
Address:

Name and Title: Jerrold R. Angel, Secretary/Director
Address: 6709 Ridge Road, Suite 108
Port Richey, FL 34668

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Jerrold R. Angel, President/Director
Address: 6709 Ridge Road, Suite 108
Port Richey, FL 34668

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jerrold R. Angel, Secretary/Director
Address: 6709 Ridge Road, Suite 108
Port Richey, FL 34668

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

Required Signature/Registered Agent

9/16/11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

9/16/11
Date

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
11 SEP 30 PM 3:35