

P11000096029

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(Business Entity Name)

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11 NOV - 1 AM 10:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/24

8

W11000054461

**COVER LETTER**

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

**SUBJECT:** Medicaid Solutions Consultant Team Incorporated  
(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: Eartha Dumond  
Name (Printed or typed)  
8580 NW 36 Street 103  
Address  
Sunrise, Florida 33351  
City, State & Zip  
954-479-2464  
Daytime Telephone number  
medicaidsolutions@yahoo.com ✓  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



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11 NOV -1 PM 1:12

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2011

EATHA DUMOND  
8580 NW 36 ST 103  
SUNRISE, FL 33351

SUBJECT: MEDICAID SOLUTIONS CONSULTANT TEAM INCORPORATED  
Ref. Number: W11000054461

We have received your document for MEDICAID SOLUTIONS CONSULTANT TEAM INCORPORATED 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 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.**

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January; which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return 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) 245-6995.

Jessica A Fason  
Regulatory Specialist II

Letter Number: 611A00024294

# 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: Medicaid Solutions and Senior Placement Consultant Team Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address  
8580 NW 36 Street  
103  
Sunrise

Depo. Mailing address, if different is:  
Same

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:  
ANY AND ALL LAWFUL BUSINESS

## ARTICLE IV SHARES

The number of shares of stock is: 100

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eartha Dumond President  
Address: 8580 NW 36 Street 103  
Sunrise, Florida 33351

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Eartha Dumond  
Address: 8580 NW 36 Street 103  
Sunrise, Florida 33351

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eartha Dumond  
Address: 8580 NW 36 Street 103  
Sunrise, Florida 33351

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

Eartha Dumond  
Required Signature/Registered Agent

10/28/2011  
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.

Eartha Dumond  
Required Signature/Incorporator

10/28/2011  
Date

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11 NOV - 1 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA