

P 12000002081

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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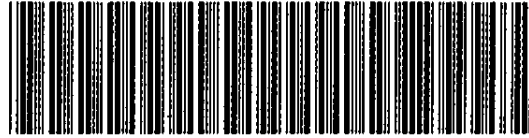
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Starnes JAN 09 2012

## COVER LETTER

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

SUBJECT: AFTCO Florida Transitions, 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: M. Richard Kennard  
Name (Printed or typed)

150 Windward Drive  
Address

Osprey, Florida 34229  
City, State & Zip

941-544-8126  
Daytime Telephone number

rk@aftcofl.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: **AFTCO Florida Transitions, Inc.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
150 Windward Drive  
Osprey, Florida 34229

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
to engage in any activities or business permitted under the Laws of the United States and Florida.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>M. Richard Kennard, President</u>	Name and Title: _____
Address: <u>150 Windward Drive</u>	Address: _____
<u>Osprey, Florida 34229</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

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

Name: M. Richard Kennard  
Address: 150 Windward Drive  
Osprey, Florida 34229

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: M. Richard Kennard  
Address: 150 Windward Drive  
Osprey, Florida 34229

*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*

M Richard Kennard  
Required Signature/Registered Agent

1/2/2012  
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.*

M Richard Kennard  
Required Signature/Incorporator

1/2/2012  
Date

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TALLAHASSEE, FLORIDA