

P14000016113

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

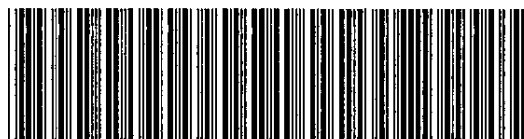
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100251406401

02/24/14--01053--010 **78.75

FILED
14 FEB 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

February 14, 2014
~~November 7, 2013~~

Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314

This letter is an explanation of what I'm trying to do. My Business was setup the wrong way and I'm not a Non-Profit Corporation, so I need to dissolved the Non-Profit Corporation and open as a Profit Corporation with the same name nothing has change

I have enclosed the originals and one (1) copy of the Articles of Profit Corporation and the Articles of Dissolution of a Non-Profit Corporation and my fees of \$78.75 and \$35.00 a total of 113.75.

Please feel free to call me if there is a problem, I can be reached at 904-962-5121.

Sincerely,

COVER LETTER

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

SUBJECT: GLORY TO GLORY HEALTHCARE SERVICES, 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: DR. TONYA A. PITTS
Name (Printed or typed)

5240 POLAN LANE
Address

JACKSONVILLE, FLORIDA 32209
City, State & Zip

904-962-5121
Daytime Telephone number

gloryangel007@gmail.com ✓
E-mail address: (to be used for future annual report notification)

FILED
14 FEB 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: GLORY TO GLORY HEALTHCARE SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

GLORY TO GLORY HEALTHCARE SERVICES, INC

5240 POLAN LANE

JACKSONVILLE, FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: (A) TO PROVIDE QUALITY HOMECARE
CPR TRAINING. (B) TO PROVIDE THIS SERVICE TO LOW-INCOME
AND DISADVANTAGED PEOPLE AND RENDERING ALL SERVICES
AND ADVICE RELATED ABOVE. (C) 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: Dr. Tonya A. Pitts

Name and Title: _____

Address President

Address: _____

5240 Polan Lane

Jacksonville, FL 32209

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

FILED
14 FEB 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(cont.)

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: Dr. Tonya A. Pitts
Address: 5240 Polan Lane
Jacksonville, FL 32209

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Tonya A. Pitts
Address: 5240 Polan Lane
Jacksonville, FL 32209

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:

Tonya A Pitts

Required Signature/Registered Agent and Incorporator

2/14/2014

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

FILED
14 FEB 20 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA