

PIS 0000 80264

(Requestor's Name)

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☐ PICK-UP

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(Business Entity Name)

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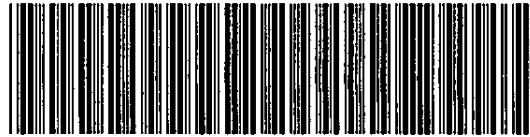
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SEP 29 2015

T. SCOTT



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09/15/15--01016--006 **78.75

15 SEP 15 AM 8:00

COVER LETTER

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

SUBJECT: Pathways Care 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: Aloy Adigweme

Name (Printed or typed)

9521 Shellie Road

Address

Jacksonville, Florida 32257

City, State & Zip

904-708-5432

Daytime Telephone number

aadigweme@gmail.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

The name of the corporation shall be: Pathways Care, Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
9521 Shellie Road, Suite 15
Jacksonville, Florida 32257

Mailing address, if different is:
9521 Shellie Road, Suite 15
Jacksonville, Florida 32257

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: MEDICAL COURRIER

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ALOY ADIGWEME, PRESIDENT

Address: 9521 SHELLIE ROAD, SUITE 15
JACKSONVILLE, FLORIDA 32257

Name and Title: MARIA ADIGWEME, DIRECTOR

Address: 9521 SHELLIE ROAD, SUITE 15
JACKSONVILLE, FLORIDA 32257

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

15 SEP 15 AM 8:00

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: ALOY ADIGWEME

Address: 9521 SHELLIE ROAD, SUITE 15

JACKSONVILLE, FLORIDA 32257

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: ALOY ADIGWEME

Address: 9521 SHELLIE ROAD, SUITE 15

JACKSONVILLE, FLORIDA 32257

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Aloy Adigweme
Required Signature/Registered Agent

09/10/2015
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.

Aloy Adigweme
Required Signature/Incorporator

09/10/2015
Date