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**Florida Department of State
Division of Corporations
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RE-SUBMIT

To:

Division of Corporations
Fax Number : (850) 617-6381

From:

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Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Please retain original filing date of submission 10/28

15 NOV -2 PM 3:01

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15 NOV -2 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**FLORIDA PROFIT/NON PROFIT CORPORATION
RaVOD, Inc.**

Certificate of Status	1
Certified Copy	1
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Metayer, Kenny

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COVER LETTER

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

SUBJECT: RaVOD, 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: NICHOLE HORSFORD
Name (Printed or typed)

16877 E. COLONIAL DR. PMB#408
Address

ORLANDO FL 32829
City, State & Zip

304-952-6748
Daytime Telephone number

NICHOLEHORSFORD2010@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: RaVOD, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
16877 East Colonial Drive PMB# 408

Orlando FL 32829

Mailing address, if different is:

P.O. Box 781299

Orlando, FL 32878

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Delivery of Christian Psychiatric Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Nichole Horsford/President

Name and Title: _____

Address 16877 East Colonial Drive PMB# 408
Orlando FL 32829

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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: C T Corporation System
Address: 1200 South Pine Island Road
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nichole Horsford
Address: 16877 East Colonial Drive PMB# 408
Orlando FL 32829

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

By: Kimberly Steinmetz Kimberly Steinmetz
Vice President & Assistant Secretary

Required Signature/Registered Agent

10/27/2015

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.

Nichole Horsford
Required Signature/Incorporator

10/12/15
Date