

P/6000061039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

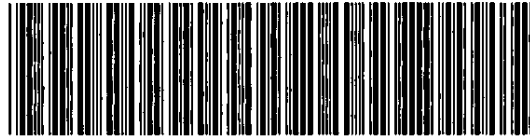
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Certificates of Status _____

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05/20/16--01026--006 **70.00

05/20/16 09:57
RECEIVED
STATE
CLERK

W16-038855

07/25/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 22, 2016

KRIS RIDER *** 2ND CORRECTION ***
4503 PARKWOOD LN. WEST
NICEVILLE, FL 32578

SUBJECT: KRIS RIDER, P.A.
Ref. Number: W16000038855

We have received your document for KRIS RIDER, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific business purpose of the professional association must be stated in the document.

A copy of a license or other legal authorization verifying the rendering of a personal service must accompany your articles of incorporation as a professional association.

Please return the corrected original and one copy of 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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 616A00011159



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 26, 2016

KRIS RIDER
4503 PARKWOOD LN. WEST
NICEVILLE, FL 32578

SUBJECT: KRIS RIDER, P.A.
Ref. Number: W16000038855

We have received your document for KRIS RIDER, P.A. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 616A00011159

RECEIVED

16 JUN 21 PM 2:12

RECEIVED
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: _____

Kris Rider, P.A.

(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: _____

Kris Rider, P.A.

Name (Printed or typed)

4503 Parkwood Lane W.

Address

Niceville, FL 32578

City, State & Zip

850-461-7689

Daytime Telephone number

KrisRider7@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: Kris Rider, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

128 Farrah Ave.

Niceville, FL 32578

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: CNA 331766 05/31/2017

Personal Shopper, private cook, running household chores,
& organizer of household items. Caregiver

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kristine Rider Pres/VP Name and Title: _____

Address: 128 Farrah Ave. Address: _____
Niceville, FL
32578

Name and Title: Kristine Rider Secretary/Treas. Name and Title: _____

Address: _____ Address: _____
128 Farrah Ave.
Niceville, FL 32578

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: Kristine Rider

Address: 4503 Parkwood Lane W.
Niceville, FL 32578

ARTICLE VII INCORPORATOR

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

Name: Kristine Rider

Address: 4503 Parkwood Lane W.
Niceville, FL 32578

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

Kristine Rider

Required Signature/Registered Agent

16 May 16

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.

Kristine Rider

Required Signature/Incorporator

16 May 16

Date

Heartsaver®
First Aid



Kristine Rider

This card certifies that the above individual has successfully completed the objectives and skills evaluations in accordance with the curriculum of the AHA Heartsaver First Aid Program.

Optional Module completed if **NOT** marked out: Written test

10/23/2015

Issue Date

10/23/2017

Recommended Renewal Date

HEALTHCARE PROVIDER

Healthcare
Provider



Kristine Rider

This card certifies that the above individual has successfully completed the cognitive and skills evaluations in accordance with the curriculum of the American Heart Association BLS for Healthcare Providers (CPR and AED) Program.

10/23/2015

Issue Date

10/23/2017

Recommended Renewal Date

STATE OF FLORIDA AC# 7062420
DEPARTMENT OF HEALTH
DIVISION OF MEDICAL QUALITY ASSURANCE

DATE	LIC./CERT. NO.	EXPIRATION DATE
04/21/2016	CNA 331766	05/31/2017

THE CERTIFIED NURSING ASSISTANT:

Named below has met all requirements of the laws and rules for Nursing Assistant Certification and is listed on the Certified Nursing Assistant Registry in the State of Florida.

KRISTINE A RIDER

LICENSEE SIGNATURE

© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1801

Training Center Name
Nationwide Health, LLC FL20236
TC ID #
1000 W. McNab Road, Suite 242
Pompano Beach, FL 33069 (954) 943-8002
Info
City, State
Zip
Phone
Course
Express Training DE 352-338-1193
Instructor Name
Bo Ramsey
Inst. ID #
06130181830
Holder's Signature

© 2011 American Heart Association. Tampering with this card will alter its appearance. 90-1814

Training Center Name
Nationwide Health, LLC FL20236
TC ID #
1000 W. McNab Road, Suite 242
Pompano Beach, FL 33069 (954) 943-8002
Info
City, State
Zip
Phone
Course
Express Training DE 352-338-1193
Instructor Name
Bo Ramsey
Inst. ID #
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Holder's Signature