

P20000006791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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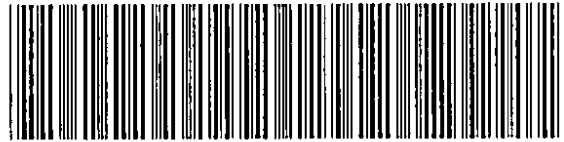
(Business Entity Name)

(Document Number)

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

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01/29/20--01003--022 \*\*70.00

2020 JAN 29 10:10:16 AM 160 JAN 29 11:25:35

M SIMMONS

JAN 29 2020

## COVER LETTER

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

SUBJECT: Protiaz Rehabilitative 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status

**ADDITIONAL COPY REQUIRED**

FROM: Jov311-Ash1311 Ward  
Name (Printed or typed)

2613 Texas Str33t  
Address

Tallahass33 Fla.  
City, State & Zip

850-294-4449  
Daytime Telephone number

Jov311850@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: Prestige Habilitative Services Inc.

ARTICLE II PRINCIPAL OFFICE

2613 Texas Str 331  
Principal ~~street~~ address

Mailing address, if different is:

Tallahassee FL 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: 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: Joyl Ashby Ward

Name and Title: ~~President~~ P/CEO

Address: 2613 Texas Str 331  
Tallahassee FL  
32310

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: Janelle Ashley Ward

Address: 2613 Texas Street

Tallahassee Fla 32310

**ARTICLE VII INCORPORATOR**

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

Name: Janelle Ashley Ward

Address: 2613 Texas Street

Tallahassee Fla 32310

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 1-28-2020 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

Janelle Ashley Ward  
Required Signature/Registered Agent

1-28-20  
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.*

Janelle Ashley Ward  
Required Signature/Incorporator

1-28-20  
Date