

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6391

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.

Account Number: 075350000353 Phone: (800)221-2972

Fax Number : (917) 243-5843

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email .	Address:	
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FLORIDA PROFIT/NON PROFIT CORPORATION Jacqueline Clarke APRN, FNP-BC, P.A.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

RTICLE II PRII 30 Central Avenue	VCIPAL OFFICE Principal <u>street</u> address Apt# 224	Mailing address, if different is: 930 Central Avenue Apt# 224 Saint Petersburg, FL 33705	
aint Petersburg, FL			
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Name and Title:		Name and Title:				
Address		Address:				
4RTICLE VI	REGISTERED AGENT					
The name and Fl	orida street address (P.O. Box NOT acceptable) of	the registered agent is:				
Name;	Jacqueline Clarke					
Address:	930 Central Avenue Apt# 224					
	Saint Petersburg, FL 33705					
ARTICLE VII	INCORPORATOR					
The name and at	dress of the Incorporator is:					
Name:	Jacqueline Clarke					
Address:	930 Central Avenue Apt# 224					
	Saint Petersburg, FL 33705					
ARTICLE VIII	EFFECTIVE DATE:	(OPTIONAL)				
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and ca		be more than five business days prior or 90 business				
days after the fil	ing.)					
Note: If the date	inserted in this block does not meet the applicable	statutory filling requirements, this date will not be listed as				
the document's c	ffective 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						
Minne	Required Signature/Registered Agent					
I submit this doc	nument and affirm that the facts stated herein are Department of State constitutes a third degree felon	true. I am aware that the false information submitted in a was provided for in s.817.155, F.S.				
(Ann. A)	Mallo	11/5/20				
	red Signature/Incorporator	/ Dátc				
I/						