

TRANSMITTAL LETTER

P950000 29 329

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

800001457848
-04/17/95--01047--005
****122.50 ****122.50

SUBJECT: C&C Copy Service, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate

☒ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Ward W. Campbell
Name (printed or typed)

7072 Ponce De Leon Ave. Apt. 3
Address

Jacksonville, Fl. 32217
City, State & Zip

(904) 448-3896
Daytime Telephone number

FILED
95 APR 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

need 122.50
B. REGISTER APR 11 1995
688, 615,671
295-7624

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

April 12, 1995

WARD W CAMPBELL
7072 PONCE DE LEON AVE
APT 3
JACKSONVILLE, FL 32217

SUBJECT: C & C COPY SERVICE, INC.
Ref. Number: W9500007624

We have received your document for C & C COPY SERVICE, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$122.50. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation"); and the registered agent's signature.

Please return 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 (904) 487-6919.

Beth Register
Corporate Specialist Supervisor

Letter Number: 595A00016590

ARTICLES OF INCORPORATION

FILED
95 APR 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: C & C Copy Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

The principal place of business will be in the Medical
Records dept. of University Medical Center located at 655
W. 8th ST. Jax, Fl. 32209

The mailing address of the corporation is P.O. BOX 40032
Jax, Fl. 32203-0032

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ward W. Campbell
7072 Ponce De Leon Avenue Apt 3
Jacksonville, Fl. 32217

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Ward W. Campbell
7072 Ponce De Leon Avenue apt. 3
Jacksonville, Fl 32217

Glenetta R. Campbell
7072 Ponce De Leon Avenue Apt. 3
Jacksonville, Fl. 32217

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

3rd day of April, 19 95.

Ward William Campbell

Signature

Glenetta Ruth Campbell

Signature

Signature

Articles of Incorporation
Filing Fee - \$35

C & C COPY SERVICE, INC.

Ward W. Campbell hereby accepts the designation
as Registered Agent for above corporation.

I hereby am familiar with and accept the duties
and responsibilities as Registered Agent.


Ward W. Campbell

FILED
95 APR 13 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

96 NOV 15 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000029329**

1. Corporation Name

C & C COPY SERVICE, INC.

Principal Place of Business

655 W 8TH ST
MEDICAL RECORDS DEPT OF UNIV MEDICAL CNTR
JACKSONVILLE FL 32209

Mailing Address

655 W 8TH ST
MEDICAL RECORDS DEPT OF UNIV MEDICAL CNTR
JACKSONVILLE FL 32209

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. Box 40032
Jacksonville, FL
32203-0032 USA

4. Date Incorporated or Qualified
To Do Business in Florida

04/13/1995

5. FEI Number

59-3305664

Applied For

Not Applicable

6

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	Ward Campbell	4255 La Losa Drive	Jacksonville, FL 32217
Sec.	Glenetta Campbell	4255 La Losa Drive	Jacksonville, FL 32217

600002009786--5
-11/20/96--01073--008
****375.00 ****375.00

JB118-96

8. Name and Address of Current Registered Agent

CAMPBELL, WARD W
7072 PONCE DE LEON AVE
APT 3
JACKSONVILLE FL 32217

9. Name and Address of New Registered Agent

Name
Ward W Campbell
Street Address (P.O. Box Number is Not Acceptable)
4255 LA Losa Drive
Suite, Apt. #, Etc.
Jacksonville
City
Jacksonville
State
FL
Zip Code
32217

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Ward W Campbell

REGISTERED AGENT MUST SIGN

Date 11-8-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Ward W Campbell

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ward W Campbell President (CEO) 11-8-96 0904-757-3760