

P95000032514

M.D. Pavy III
(Requestor's Name)

US Hiway 27 North

Rt 4, Box 2070
(Address)

Havana FL 32333
(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600001464906
-01/26/95--01004--002
****122.50 ****122.50

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. NOVA of Tallahassee, INC.
(Corporation Name)

(Document #)

2. _____
(Corporation Name)

(Document #)

3. _____
(Corporation Name)

(Document #)

4. _____
(Corporation Name)

(Document #)

☒ Walk in ☐ Pick up time _____

☒ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certificate of Status

FILED
95 APR 26 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NEW FILINGS	
Profit	
NonProfit	
Limited Liability	
Domestication	
Other	

AMENDMENTS	
Amendment	
Resignation of R.A., Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

OTHER FILINGS	
Annual Report	
Fictitious Name	
Name Reservation	

REGISTRATION/ QUALIFICATION	
Foreign	
Limited Partnership	
Reinstatement	
Trademark	
Other	

4/26

ARTICLES OF INCORPORATION
OF
NOVA OF TALLAHASSEE, INC.

The undersigned subscriber of these Articles of Incorporation, a natural person, competent to contract, hereby forms a corporation under the laws of the State of Florida.

ARTICLE I

The name of the corporation shall be NOVA OF TALLAHASSEE, Inc.

ARTICLE II

This corporation shall exist perpetually.

ARTICLE III

The corporation may engage in any activity or business permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is five hundred (500) shares of common stock having a par value of One Dollar and No Cents (\$1.00) per share.

ARTICLE V

The amount of capital with which this corporation shall begin business is Five Hundred Dollars and No Cents (\$500.00).

ARTICLE VI

The street address of the initial registered office of this corporation is U.S. Highway 27 North at Route 4, Box 2090, Havana, Florida 32333, and the name of the initial registered agent at such address is Elke K. Allen. Principal address is same as registered address.

ARTICLE VII

The corporation shall have no directors. All corporate powers shall be exercised by or under the authority of, and the business affairs of the corporation shall be managed under the direction of, the shareholders of this corporation.

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95 APR 26 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII

The name of the subscriber of these Articles of Incorporation is:

M.D. Peavy III
U.S. Highway 27 North
Route 4, Box 2090
Havana, Fl. 32333

ARTICLE IX

This corporation reserves the right to amend or repeal any provision in these Articles of Incorporation or any amendment thereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation, this 20th day of April 1995.

M.D. Peavy III
M.D. Peavy III, Subscriber

I hereby certify that I am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Elke K. Allen
Elke K. Allen, Registered Agent

STATE OF FLORIDA,
COUNTY OF GADSDEN.

BEFORE ME, the undersigned authority, personally appeared M.D. Peavy, III and Elke K. Allen, who, first being duly sworn by me, and to me well known to be the individuals described in the foregoing Articles of Incorporation, acknowledged to and before me that they executed the same for the purpose expressed therein.
WITNESS my hand and official seal on this 20th day of April 1995.

Kelly Harrison Phillips
NOTARY PUBLIC

My Commission Expires:



KELLY HARRISON PHILLIPS
MY COMMISSION # CC308518 EXPIRES
August 18, 1997
BONDED THROUGH TROY FARM INSURANCE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

95 APR 26 AM 9:56

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

96 SEP 18 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000032514**

1. Corporation Name

NOVA OF TALLAHASSEE, INC.

Principal Place of Business

U.S. HIGHWAY 27 NORTH
RT 4 BOX 2090
HAVANA FL 32333

Mailing Address

U.S. HIGHWAY 27 NORTH
RT 4 BOX 2090
HAVANA FL 32333



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

2. New Principal Office Address, if Applicable

State, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, if Applicable

State, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/28/1993

5. FEI Number

☒ Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

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
P	Lomax Smith	Rt. 4 Box 2090 Havana, Fl.	Havana Fl. 32333
VP	M. D. Peavy III	Rt. 4 Box 2090	Havana, Fl. 32333
T	Sue Ross	Rt. 4 Box 2090	Havana, Fl. 32333
S	Elke Allen	1431 Jeffrey Rd	Tallahassee, Fl. 32333

REINSTATEMENT

8. Name and Address of Current Registered Agent

ALLEN, ELKE K
U.S. HIGHWAY 27 NORTH
RT 4 BOX 2090
HAVANA FL 32333

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

600001952016

State, Apt. #, Etc.

-09719796--01034--009

City

***1151.10

State

Zip Code

FL

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

Elke Allen

REGISTERED AGENT MUST SIGN

Date

9/17/96

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:

Elke Allen

Elke Allen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/17/96 904 539 5019

Date

Daytime Phone #

CR2000 (7/96)