

P97000099653

TRANSMITTAL LETTER

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

SUBJECT:

Jo C. Golson, P.A.

(Proposed corporate name - must include suffix)

500002341525--5

-11/07/97--01058--002

\*\*\*\*\*78.75 \*\*\*\*\*78.75

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:

Jo C. Golson

Name (Printed or typed)

7113 BASS ST

Address

WEWAHITCHKA, FL 32965

City, State & Zip

352-746-2672

Daytime Telephone number

FILED  
97 Nov -7 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

789,2551, 630, 625, 2550  
W97-25386

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

D. REGISTER NOV 7 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

November 7, 1997

JO C GOLSON  
7113 BASS ST  
WEWAHITCHKA, FL 32465

SUBJECT: JO C. GOLSON, P.A.  
Ref. Number: W97000025386

We have received your document for JO C. GOLSON, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

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

The effective date is not acceptable since it is not within five working days of the date of receipt.

Please return the 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) 487-6919.

Beth Register  
Corporate Specialist Supervisor

Letter Number: 697A00054030

JO C. GOLSON  
P.O. BOX 640573  
BEVERLY HILLS, FLORIDA 34464  
PHONE 352-746-2672  
352-527-9031

DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA 32314

REF: Number W97000025386

ATTENTION: BETH REGISTER  
CORPORATE SPECIALIST SUPERVISOR

In reference to Letter Number 697A00054030, I am sorry I missed your phone call. The specific nature of business of the professional association is Health Care Consultant. I entered it in Article I. The address where I am presently working is P.O. Box 640573, Beverly Hills, Fl. 34464, phone number is 352-746-2672.

Thanking you in advance for your prompt attention to this matter.

Sincerely,



Jo C. Golson

## ARTICLES OF INCORPORATION

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

**FILED**  
97 Nov -7 AM 8:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ARTICLE I NAME

The name of the corporation shall be:

Jo C. Golson, P.A. Health Care Consultant

### ARTICLE II PRINCIPAL OFFICE

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

7113 Bass St.  
Wewahatchka, FL 32465

### ARTICLE III SHARES

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

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

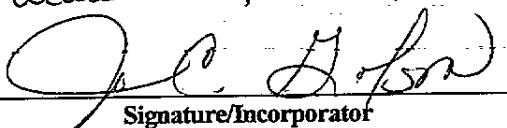
The name and Florida street address of the initial registered agent are:

7113 Bass St. Jo C. Golson  
Wewahatchka, FL 32465

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Jo C. Golson  
7113 Bass St.  
Wewahatchka, FL 32465

  
Signature/Incorporator

11/1/97  
Date

### ARTICLE VI Effective DATE

11-1-97

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

  
Signature/Registered Agent

11/1/97  
Date