

P98000026527

TRANSMITTAL LETTER

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB 18 AM 9:12

SUBJECT: Covenant Health Care Clinic, Inc.
(Proposed corporate name - must include suffix)

3000002433703--9
-02/18/98--01018--010
*****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)

P.O. Box 1779
Address

Mayo, Fl. 32066
City, State & Zip

352-746-2672
Daytime Telephone number

904-294-4310

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

~~1198-3713~~
3-23-98
2-19-98
WS



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

February 19, 1998

JO C. GOLSON
P. O. BOX 1779
MAYO, FL 32066

SUBJECT: COVENANT HEALTH CARE CLINIC, INC.
Ref. Number: W98000003713

We have received your document for COVENANT HEALTH CARE CLINIC, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

The registered agent must have a Florida street address. A post office box is not acceptable.

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) 487-6995.

Wanda Sampson
Document Specialist

Letter Number: 998A00009543

File in amended

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.

ARTICLE I NAME

The name of the corporation shall be:

Covenant Health Care Clinic, Inc.

ARTICLE II PRINCIPAL OFFICE

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

S.E. Bloxham + Clyde
P.O. Box 1779
Mayo, FL 32066

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:

Jo C. Golson Covenant Health Care Clinic, Inc.
S.E. Bloxham + Clyde
Mayo, FL 32066

ARTICLE V INCORPORATOR

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

Jo C. Golson
P.O. Box 1779
Mayo, FL 32066


Signature/Incorporator

2/10/98
Date

(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

2/10/98
Date

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