

P/400086735

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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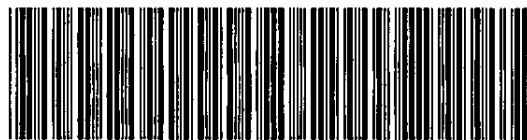
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 OCT 20 PM 2:36  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

OCT 23 2014

S. GILBERT

COVER LETTER

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

SUBJECT: RICHARD JUDA & ASSOCIATES INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☒ \$70.00 Filing Fee  
☐ \$78.75 Filing Fee & Certificate of Status

☐ \$78.75 Filing Fee & Certified Copy  
☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status  
**ADDITIONAL COPY REQUIRED**

FROM: RICHARD JUDA  
Name (Printed or typed)

350 WILLET AVENUE  
Address

NAPLES, FLORIDA 34108  
City, State & Zip

239-810-3947  
Daytime Telephone number

creativeaccountingsolutions@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I NAME**

The name of the corporation shall be: RICHARD JUDA & ASSOCIATES INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

350 WILLET AVENUE  
NAPLES, FLORIDA 34108

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO PROVIDE MEDICAL SERVICES

**ARTICLE IV SHARES**

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: RICHARD JUDA  
Address: 350 WILLET AVE.  
NAPLES, FL. 34108

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RICHARD JUDA  
Address: 350 WILLET AVE.  
NAPLES, FL. 34108

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: RICHARD JUDA  
Address: 350 WILLET AVE.  
NAPLES, FL. 34108

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

Rud J. Juda

Required Signature/Registered Agent

10/6/14  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Rud J. Juda

Required Signature/Incorporator

10/6/14  
Date

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DEPARTMENT OF STATE