

NO7000003270

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

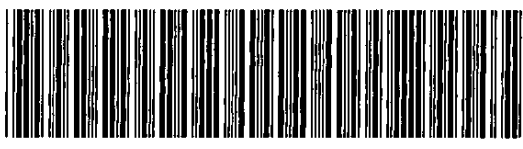
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only
[Handwritten Signature]
5/29



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05/25/07--01005--011 **78.75

FILED
2007 MAY 25 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: CENTRAL FL PROVIDERS 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 of
Status

\$78.75
Filing Fee
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: OSCAR REDDEN III
Name (Printed or typed)

456 AMETHYST WAY
Address

LAKE MARY, FL 32746-3737
City, State & Zip

(321) 299-3637
Daytime Telephone number

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

2007 MAY 25 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
CENTRAL FL PROVIDERS INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
456 AMETHYST WAY LAKE MARY, FL 32746

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
TO PROVIDE SUPPORT AND ASSISTANCE TO DEVELOPMENTALLY DISABLED INDIVIDUALS, DEVELOP SKILLS, DAILY ROUTINES, AND HABITS THAT WILL ALLOW THEM AS MUCH CONTROL AS POSSIBLE TO LIVE INDEPENDENTLY.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
APPOINTED

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
OSCAR REDDEN III 456 AMETHYST WAY LAKE MARY, FL 32746 (EXECUTIVE DIRECTOR)
OSCAR REDDEN JR 1010 S. MELLONVILLE AVE. SANFORD, FL 32771 (SENIOR DIRECTOR)
ROSLYN REDDEN 1010 S. MELLONVILLE AVE. SANFORD, FL 32771 (SECRETARY)
ELAINE SLEDGE 2514 DIANJO DRIVE ORLANDO, FL 32810 (TREASURER)

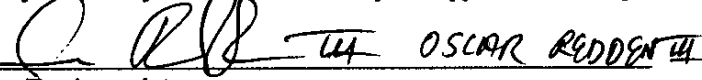
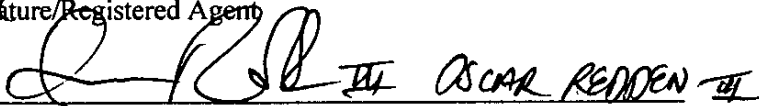
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
OSCAR REDDEN III 456 AMETHYST WAY LAKE MARY, FL 32746

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
OSCAR REDDEN III 456 AMETHYST WAY LAKE MARY, FL 32746

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.

	04/11/2007
Signature/Registered Agent	Date
	04/11/2007
Signature/Incorporator	Date