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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

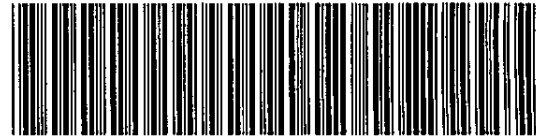
(Business Entity Name)

(Document Number)

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OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FLORIDA  
16 OCT 20 PM 4:45

ns 10/24/16

**COVER LETTER**

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

**SUBJECT:** Mary Mary Comprehensive Care Home, 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       \$78.75  
Filing Fee      Filing Fee  
& Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Annette Mary Rolle  
\_\_\_\_\_  
Name (Printed or typed)

13365 Devan Lee Dr East

\_\_\_\_\_  
Address

Jacksonville Florida 32226

\_\_\_\_\_  
City, State & Zip

346-400-2289

\_\_\_\_\_  
Daytime Telephone number

annette.rolle1956@gmail.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: Mary Mary Comprehensive Care Home, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
13365 Devan Lee Dr East  
Jacksonville, Florida 32226

Mailing address, if different is:  
13365 Devan Lee Dr East  
Jacksonville, Florida 32226

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Group Home

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TALLAHASSEE FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 50

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

Name and Title: Annette M. Rolle, President

Name and Title: Mary Garraway, Vice President

Address 13365 Devan Lee Dr East  
Jacksonville, Florida 32226

Address: 13365 Devan Lee East

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Address \_\_\_\_\_

Address: \_\_\_\_\_

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

**ARTICLE VI REGISTERED AGENT**

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

Name: Annette M, Rolle  
 Address: 13365 Devan Lee Dr. East  
Jacksonville, Florida 32226

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 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Mary Mary Comprehensive Care Home, LLC  
 Address: 13365 Devan Lee Dr East  
Jacksonville, Florida 32226

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 9/28/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

Annette M. Rolle

Required Signature/Registered Agent

9/28/2016

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.*

Annette M Rolle

Required Signature/Incorporator

9/28/2016

Date