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TRANSMITTAL LETTER

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

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-09/22/99--01018--014
*****78.75 *****78.75

SUBJECT: Coastal Adult Care, 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 of Status
ADDITIONAL COPY REQUIRED

FROM: Vanessa Vesce
Name (Printed or typed)
115 Rose Island Way, Suite 1206
Address
Ponte Vedra Beach, FL 3208
City, State & Zip
(904) 307-547
Daytime Telephone number

FILED
99 SEP 22 AM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

9-24
1020

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:

Coastal Adult Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

115 Rose Island Way, Suite 1206, Ponte Vedra Beach, FL 32082

ARTICLE III SHARES

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

100,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Vanessa Vesce, 115 Rose Island Way, Suite 1206, Ponte Vedra Beach, FL 32082

ARTICLE V INCORPORATOR

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

Vanessa Vesce, President & Secretary, 115 Rose Island Way, Suite 120

Ponte Vedra Beach, FL 3208

Vanessa Vesce
Signature/Incorporator

September 7, 1999
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

Vanessa Vesce
Signature/Registered Agent

September 7, 1999
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA