N01000001274

TRANSMITTAL LETTER

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

000003747200--8
-02/22/01--01052--002
*****78.75 *****78.75

SUBJECT: Coastal Care Center, 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	☒ $78.75	☐ $78.75	☐ $87.50
Filing Fee	Filing Fee & Certificate of Status	Filing Fee & Certified Copy	Filing Fee & Certificate of Status & Certified Copy

ADDITIONAL COPY REQUIRED

FILED
01 FEB 22 PM 3:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM: Sabrina Lee Metivier
Name (Printed or Typed)

637 Vera Street
Address

Daytona Beach, Florida 32114
City, State & Zip

(904) 258-1891

NOTE: Please Provide the original and one copy of the articles

2/22

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S. (Not for Profit)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

Coastal Care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

637 Vera Street, Daytona Beach, Florida 32114

ARTICLE III PURPOSE

To provide health services for persons with infectious deceases, including the provision of housing, financial management, social support, case management and medical care.

ARTICLE IV MANNER OF ELECTION

The directors will be appointed by persons having professional licenses in the healthcare industry after the initial officers are established.

ARTICLE V INITIAL OFFICERS/DIRECTORS

The name(s) and address(es):

Norma Jean Lee, LPN
636 Willie Drive
Daytona Beach, Florida 32114

Dr. Will Potter
P.O. Box 909358
Daytona Beach, Florida 32120

Sabrina Lee Metivier, RN
637 Vera Street
Daytona Beach, Florida 32114

ARTICLE VI REGISTERED AGENT

Fredrick Metivier
637 Vera Street
Daytona Beach, Florida 32114

ARTICLE VII INCORPORATOR

Sabrina Lee Metivier, RN
637 Vera Street
Daytona Beach, Florida 32114

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.

Signature/Registered Agent Date 2-16-01

Signature/Incorporator Date 2/16/01