

NO10000001274
TRANSMITTAL LETTER

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

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-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

Filing Fee

☒ \$78.75

Filing Fee
& Certificate of Status

☐ \$78.75

Filing Fee
& Certified Copy

☐ \$87.50

Filing Fee
& Certificate of
Status & Certified
Copy

ADDITIONAL COPY REQUIRED

FROM:

Sabrina Lee Metivier

Name (Printed or Typed)

637 Vera Street

Address

Daytona Beach, Florida 32114

City, State & Zip

(904) 258-1891

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 FEB 22 PM 3:51

FILED

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

gca/22

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

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 diseases, 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

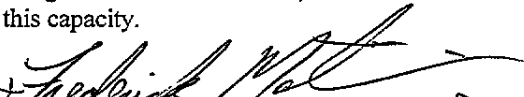
ARTICLE VI REGISTERED AGENT

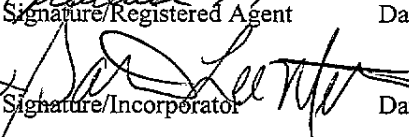
Fredrick Metivier
637 Vera Street
Daytona Beach, Florida 32114

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA