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NEW FILINGS	AMENDMENTS :
Profit	Amendment
NonProfit	Resignation of R.A., Officer/ Director
Limited Liability	Change of Registered Agent
Domestication	Dissolution/Withdrawal
Other	Merger 30003240683 -05/05/0001046004 *****87.50 *****87.50
OTHER FILINGS	REGISTRATION/- QUALIFICATION*
Annual Report Fictitious Name	Foreign
Name Reservation	Limited Partnership
T. MARCON FARTON	Reinstatement
	Trademark
	- Added Adde

Examiner's Initials

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CR2E031(1/95)

Notified client of correction

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 7, 2000

HARVEY'S HOUSE 250 SW 11TH AVE SOUTH BAY, FL 33493

SUBJECT: THE HARVEY'S HOUSE

Ref. Number: W0000006001

We have received your document for THE HARVEY'S HOUSE, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent	
Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.)

The registered agent must sign accepting the designation.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Kimberly Rolfe Corporate Specialist Supervisor

Letter Number: 400A00012492



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 8, 2000

HARVEY'S HOUSE 250 SW 11TH AVE SOUTH BAY, FL 33493

SUBJECT: THE HARVEY'S HOUSE

Ref. Number: W00000006001

We have received your document for THE HARVEY'S HOUSE and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Kimberly Rolfe Corporate Specialist Supervisor

Letter Number: 800A00025559

ARTICLES OF INCORPORTION OF THE HARVEY'S HOUSE INC.



Article I

The name of this Florida not-for-profit corporation is The Harvey's House Inc. (the "Corporation").

Article II Mailing Address

The Corporation's mailing address is: 125 S. W. 6th Ave. South Bay, Florida 33493-2013

Article III Purpose of Corporation

The Corporation is a Florida not-for-profit corporation organized for the following purpose:

To provide a warm and loving environment for needy children's.

- 1.to provide a safe and supportive home for children until the family problems are resolved and the child can be reunited with family.
- 2.to provide a critical service to the State Of Florida caring for thousands of children every year.
- 3. to provide an environment with the feelings of safety and security, which leads to healthy cognitive and social development.
- 4. by providing a loving and warm environment enabling a child to endure the hardship associated with the separation from family.
- 5.to provide the identity which includes a sense of competency, self-worth, and a balance between dependence and independence.
- 6. to provide a safe and supportive home for child/childrens until the family problems are resolved and the child/childrens can be reunited with family.
- 7. to provide a home so siblings can stay together once seperated from their parernts
- 8. to engage in all other lawful acts or activities not for pecuniary profit for which Florida not-for-profit corporations may be organized, so far is or may be permitted by Code Section 501(c)(3).

All references to the Code in these Articles of Incorporation are to the Internal Revenue Code of 1986, as amended, or to corresponding provisions of future United States tax law

Initial registered Agent and Office

The name and office address of the Corporation's initial registered agent is: The name and address of the incorporator is:

John Barrett 250 S.W. 11th Ave. South Bay, Florida 33493

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Article V Board of Directors

The affairs of Corporation shall be managed by a Board of Directors consisting of no less than three directors. The number of directors may be increased or decreased from time to time, in accordance with the Bylaws of the Corporation, but shall never be less than three. The manner of election of directors shall be regulated by the Bylaws. The names and addresses of the persons who shall sever as the initial directors of the Corporation are:

Cynthia Harvey 303 Oak Court South Bay, Fl 33493

Jacquelyne Hooper 105 S. W. 7th Ave South Bay, Fl 33493

Sheila Lawrence 606 South Main South Belle Glade, Fl 33430

Olynthia Taylor 125 S. W. 6th Ave. South Bay, FI 33493

HARVEY'S HOUSE INC. 250 S.W. 11TH STREET SOUTH BAY, FL 33493

MAY 2, 2000

SUBJECT: THE HARVEY'S HOUSE INC.

Ref: Number: W00000006001

TILED

00 JUL 19 PM 1:41

SECRETARY OF STATE
ARLAHASSEE, FLORIDI

I John L. Barrett am hereby familiar with and accept the duties and responsibilities as Registered Agent.

Full Name Signature
Incorporator/Registered Agent Signature
Full Name John L. BARRETT Printed Name
Date Of Birth—9:5-37
The foregoing instrument was acknowleded before me
this—by—who is personally known to me or who has produced
as identification and who did/did not take an oath.
Notary Signature————————————————————————————————————
Notary Name — Serial Number