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CAULT WIT OF STATE TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 **800003343598--**5 -08/02/00--01042--007 ******78.75 ******78.75

SUBJECT:	BIENAIME	LEXIMA	&	CROSBY	ASSISTED	LIVING,	INC.	
	aic .	(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

ADDITIONAL COPY REQUIRED

FROM: JEAN W. BIENAIME

Name (Printed or typed)

767 BALSA DR. LOT #47

Address

ALTAMONTE SPRINGS, FL. 32714

City, State & Zip

(407) 295-8982

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

August 18, 2000

JEAN W. BIENAMIE 767 BALSA DRIVE LOT #47 ALTAMONTE SPRINGS, FL 32714

SUBJECT: BIENAMIE LEXIMA & CROSBY ASSISTED LIVING, INC.

Ref. Number: W00000019518

We have received your document for BIENAMIE LEXIMA & CROSBY ASSISTED LIVING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Bylaws are not filed with this office. Please retain them for your records.

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) 487-6972.

Doris Brown Document Specialist

Letter Number: 900A00042588

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

BIENAIME LEXIMA & CROSBY OF ASSISTED LIVING, INC.

ARTICLE II PRINCIPAL OFFICE

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

2718 ROSE BLVD.

ORLANDO, FL. 32839

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Exclusively for charitable and educational purposes and to provide support caring and loving environment for ex offenders with HIV positive residents. In an accepting and understanding To provide HIV testing prevention education and home setting. risk reduction to the general public and especially those who The manner in which the directors are elected or appointed:

_Hereby consent to the election of the following as initial _directors of this corporation to complete the organization of the corporation the initial directors shall serve until the first annual. meeting.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

DAVIS SCOTT 2313 Fontainbleau Dr. Orlando, Fl. NICOLE BEAUJOUR 6105 Balboa Dr. Orlando, Fl. JACKIE FRANCIQUE 841 Charingstone Ct. Apopka, Fl.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

JEAN W. BIENAIME 2718 ROSE BLVD. 32839 ORLANDO, FL.

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

JEAN W. BIENAMIE 2718 ROSE BLVD. 32839 ORLANDO, FL.

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.

ignature/Registered Agent

kignature/Incorporator