

NO000005792

TRANSMITTAL LETTER

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

SUBJECT: Alpha Omega Developmental Services Provider Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

400003373144--5
-08/25/00--01054--015
*****78.75 *****78.75

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: Judy Clark
Name (Printed or typed)

P.O. Box 1075
Address

Citra, FL 32113-1075
City, State & Zip

(352) 595-3442 OR 898-3831
Daytime Telephone number

FILED
00 AUG 25 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

8-31
1/2

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Alpha Omega Developmental Services Provider Inc.

ARTICLE II PRINCIPAL OFFICE

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

P.O. Box 1057
Citra, FL 32113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide Adult Day Training and other services
that will empower others to maintain or achieve
a better lifestyle.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As Stated In the By-laws

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

FILED
00 AUG 25 PM 3:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Judy Clark A.
P.O. Box 1075 Citra, FL 32113
1360 NE 175th St, Citra, FL 32113

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Judy Clark A.
P.O. Box 1075 Citra, FL 32113

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.

Judy Ann Clark
Signature/Registered Agent Judy Ann Clark

8-11-00
Date

Judy Ann Clark
Signature/Incorporator Judy Ann Clark

8-11-00
Date