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TRANSMITTAL LETTER

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

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-10/13/00--01078--007
*****87.50 *****87.50

SUBJECT: PROJECT SPECIAL CARE 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,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: PROJECT SPECIAL CARE
Name (Printed or typed)

GARY BRUCE

2200 N. PONCE DE LEON BLVD., #3
Address

ST. AUGUSTINE, FL 32084
City, State & Zip

(904) 829-1997
Daytime Telephone number

Denza Edwards GAVE
AUTHORIZATION BY PHONE TO
CORRECT Suff. x
DATE 10-16-00
DOC. EXAM 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 OCT 13 PM 1:56

FILED

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

✓ T. Burch OCT 16 2000

**ARTICLES OF INCORPORATION OF
PROJECT SPECIAL CARE INC.
A NON-PROFIT CORPORATION**

FILED
00 OCT 13 PM 1:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned persons, desiring to form a Corporation not-for-profit under Chapter 617 of the Florida Statutes, certify as follows:

ARTICLE I

Name

The name of the Corporation is Project Special Care INC.

ARTICLE II

Purpose

The purpose for which the corporation is organized are exclusively religious, charitable, scientific, literary and educational within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

Notwithstanding any other provision of these articles, this organization shall not carry on any activities not permitted to be carried on by an organization exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue Law.

ARTICLE III

Existence

The Corporation shall have perpetual existence.

ARTICLE IV

Subscribers Names and Addresses

The name and address of the subscriber to these articles of incorporation is:

Gary Bruce, 2200 N. Ponce de Leon Blvd., Suite 3, St. Augustine, FL 32084.

ARTICLE V

Board of Directors

The powers of the Corporation shall be exercised, its property controlled and its affairs managed by a Board of Directors. The number of Directors and the manner of their election or appointment shall be as stated in the By-Laws.

ARTICLE VI

No Financial Benefit to Members

No part of the net earnings of the Corporation shall enure to the benefit of, or be distributable to its members, directors, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherances of the purposes set forth in Article II.

ARTICLE VII

Dissolution

Upon the dissolution of this corporation, its assets remaining after payment, or provisions for payment, of all debts and liabilities of the corporation, shall be distributed to a not-for-profit fund, foundation or corporation which is organized and operated exclusively for charitable purposes and which has established its tax-exempt status under Section 501 (c)(3) of the Internal Revenue Code of 1986, as amended, or the corresponding provisions of any subsequent federal tax laws.

ARTICLE VIII

Amendments to the Articles of Incorporation

These Articles of Incorporation may be amended as allowed by law.

ARTICLE IX

Amendments to the By-Laws

The Bylaws of the Corporation may be amended as allowed by law.

ARTICLE X

Principal Office, Initial Registered Office and Registered Agent

The street address of the initial principal office of the Corporation and the initial registered office of the Corporation is 2200 N. Ponce de Leon Blvd., Suite 3, St. Augustine, FL 32084 and the initial registered agent at that address is Gary Bruce and the mailing address is the same.



Gary Bruce, Subscriber

STATE OF FLORIDA

COUNTY OF ST. JOHNS

October **THE FOREGOING** instrument was acknowledged before me this 6th day of _____, 2000, by Gary Bruce who (☒) is personally known to me or (☐) has produced a Florida drivers license number _____ as identification.

Robin L. Baggett
Signature of Notary
Robin L. Baggett

Name of Notary, typed/printed
CC 907439

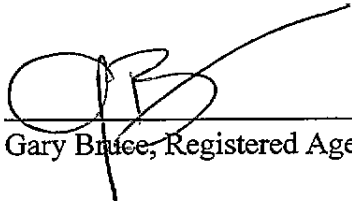
Commission number: _____

Commission expires: 6/1/04



ACCEPTANCE BY REGISTERED IN AGENT

I am familiar with and accept the duties and responsibilities as Registered Agent for the foregoing corporation.

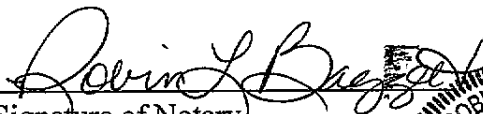


Gary Bruce, Registered Agent

STATE OF FLORIDA

COUNTY OF ST. JOHNS

THE FOREGOING instrument was acknowledged before me this 6th day of October, 2000, by Gary Bruce, who (X) is personally known to me or () has produced a Florida drivers license number _____ as identification.



Signature of Notary

ROBIN L. Baggett

Name of notary, typed/printed

Commission number: CC907439

Commission expires: 6/1/04

