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

100003510521---1 -12/21/00--01059--016 *****87,50 *****87,50

is an original and one (1) copy of the articles of incorporation and a check for: \$70.00	(
S70.00 □ \$78.75 □ \$78.75 □ \$87.50 Siling Fee & Filing Fee & Filing Fee, Certificate of Status			
S70.00 □ \$78.75 □ \$78.75 □ \$87.50 Siling Fee & Filing Fee & Filing Fee, Certificate of Status			
ling Fee Filing Fee & Filing Fee, Certificate of & Certified Copy Status Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate	nd one (1) copy of the arti	icles of incorporation and	a check for:
ADDITIONAL COPY REQUIRED	Filing Fee & Certificate of	Filing Fee	Filing Fee, Certified Copy
		ADDITIONAL CO	PY REQUIRED
		ADDITIONAL CO	PY REQU
FROM:		S78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Filing Fee & Certificate of Status

745 TREKKER STREET

904-616-4052

JACKSONVILLE FLORIDA 32216

THE PIERCE CORPORATION FOR ELDERLY WELFARE

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

Daytime Telephone number

Address

City, State & Zip

J 1/2/01

EFFECTIVE DAIE

ARTICLES OF INCORPORATION

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

FILED ECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE I NAME

The name of the corporation shall be:

DO DEC 21 PM 12: 05

THE PIERCE CORPORATION FOR ELDERLY WELFARE

ARTICLE II PRINCIPAL OFFICE

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

11242 PINE STREET, JACKSONVILLE FLORIDA 32258

The purpose for which the corporation is organized is:

AS AN ADULT DAYCARE, TO PROVIDE BASIC SERVICES AND STANDARDS ENSURING A PROGRAM OF THERAPEUTIC SOCIAL AND HEALTH ACTIVITIES AND SERVICES ARE PROVIDED TO ADULTS WITH FUNCTIONAL IMPAIRMENTS IN A PROTECTIVE, NONINSTITUTIONAL ATMOSPHERE.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

IN THE INTEREST OF CONTINUITY, STAGGERED ELECTIONS OF BOARD MEMBERS ARE HELD. RE-ELECTING 1/3 OF THE BOARD MEMBERS ANNUALLY TO SERVE A THREE YEAR TERM.

ARTICLE V INITIAL DIRECTORS OFFICERS

The name and addresses:

DIRECTOR - RHONDA BARBER-BERRY, CEO, ADMINISTRATOR, P O BOX 16841, JAX FL 32245

DIRECTOR - OLA B. SMITH, PRESIDENT, RET. JAX HUD, 11220 PINE ST., JAX FL 32258

DIRECTOR - SGT. EDNA LEWIS, ADVISOR, JAX SHERRIFF OFFICE, 570 E 58TH ST., JAX FL 32208

DIRECTOR - LEROY C. JOINER, ADVISOR, JAX FIRE DEPT., 7012 CAMELOT RD., JAX FL 32211

DIRECTOR - LEROY SMITH JR., ADVISOR, JEA UTILITIES, 11220 PINE ST., JAX FL 32258

DIRECTOR - DENISE JOINER, REGISTERED AGENT, USPS, 7012 CAMELOT RD., JAX FL 32211

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

DENISE JOINER

7012 CAMELOT RD.

JACKSONVILLE FLORIDA 32211

EFFECTIVE DATE

January 1, 2001

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

RHONDA BARBER-BERRY

P O BOX 16841

JACKSONVILLE FLORIDA 32245

Having been named as registered agent to accept service of process for the above stated corporation at the place designated

in this cartificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Incorporator