

TRANSMITTAL LETTER

NO1000006264

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

APPROVED
FILED
01 SEP -4 AM 9:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Melan Enterprises Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

600004567086--0
-03/04/01--01022--001
*****80.00 *****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: Paula Jones
Name (Printed or typed)

P.O. Box 180414
Address

Tallahassee, FL 32318
City, State & Zip

850-552-5565
Daytime Telephone number

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

RECEIVED
DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
01 SEP -4 AM 9:08

Paula Jones

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Melan Enterprises, Inc.

ARTICLE II PRINCIPAL OFFICE

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

2554 Capital Circle, #8
Tallahassee, FL

Mailing address:
P.O. Box 180414

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To establish housing for AIDS patients

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the Incorporator

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Paula Jones
2554 Capital Circle, #8
Tallahassee, FL

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paula Jones
2554 Capital Circle, #8
Tallahassee, 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.

Paula Jones
Signature/Registered Agent

9/4/01
Date

Paula Jones
Signature/Incorporator

9/4/01
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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