

No 3000002968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

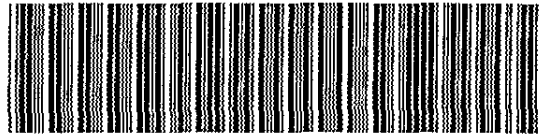
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Total Life Care Management 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

ADDITIONAL COPY REQUIRED

FROM: Angus Bradshaw Jr.
Name (Printed or typed)

6153 Raderick St Apt. 1320
Address

Orlando FL 32835
City, State & Zip

(407) 445-6008 x 28
Daytime Telephone number

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

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TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION

OF

Total Life Care Management Inc.

ARTICLE I – NAME

The name of this not for profit corporation is Total Life Care Management Inc.

ARTICLE II – PRINCIPAL OFFICE

281 Springside Rd. Longwood Fl, 32779

ARTICLE III – PURPOSE

The purpose for which Total Life Care Inc. is organized is to bridge men infected with HIV/AIDS with Social Services, Life Management skills, Prevention Services and housing. The efforts of the above are to make consumers of Total Life Care Inc. productive and rehabilitated citizens in their communities.

ARTICLE IV – MANNER OF ELECTION

The Board of Directors will be appointed to serve one to two year terms and will be regulated by the bylaws once adopted by the said Board.

ARTICLE V – INITIAL DIRECTORS/OFFICERS

NAME	TITLE	ADDRESS
Angus Bradshaw	President	6153 Raliegh St. Apt #1320 Orlando Fl 32835
Jabari Bruton	V. President	281 Springside Rd. Longwood Fl, 32779
Grover Crawford	Treasurer	1010 Executive Center Dr. Suite 135 Orlando Fl, 32803
Nicola Norton	Secretary	1800 Mercy Dr. Suite 300 Orlando Fl, 32808

ARTICLE VI – INITIAL REGISTERED AGENT AND STREET ADDRESS


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

NAME	ADDRESS
Angus Bradshaw	6153 Raliegh St. Apt #1320 Orlando Fl, 32835

ARTICLE VII – INCORPORATOR


NAME	ADDRESS
Angus Bradshaw	6153 Raliegh St. Apt # 1320 Orlando Fl, 32835

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.



Signature/Registered Agent

3/27/2003
Date



Signature/Incorporator

3/27/2003
Date

Lois Di Nardo
3/27/03



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