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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

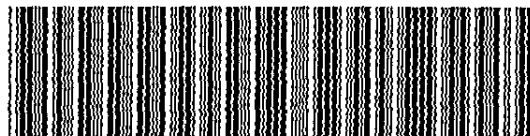
(Business Entity Name)

(Document Number)

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FILED  
STATE  
DEPARTMENT OF REVENUE  
DIVISION OF CORPORATIONS  
03 JUN 23 AM 7:16

6-26-03  
1198

## TRANSMITTAL LETTER

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

SUBJECT: Williams Wonderful Living Center 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: Williams Wonderful Living Center Inc  
Name (Printed or typed)

P. O. Box 358542  
Address

Gainesville Florida 32635  
City, State & Zip

(352) 367-4520  
Daytime Telephone number

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

# ARTICLES OF INCORPORATION

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
03 JUN 23 AM 7:16

## ARTICLE I NAME

The name of the corporation shall be:

Williams Wonderful Living Center Inc.

## ARTICLE II PRINCIPAL OFFICE

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

2409 NW 57 Place Gainesville Florida 32653

Mailing Address - P. O. Box 38783 Gainesville Florida 32635

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Group homes, /adult and children foster care programs

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

See attached By-laws

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Susan Banks P.O. Box 358342 Gainesville Florida 32635 - President

Winfred McAllister 1530 NW 218 Ave Brooker Florida 32622 - Board Member

Irish Banks 21920 B State RD 235 Brooker Florida 32622 - Vice-President

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Susan Banks

Administrator

22016 NW 14 Terr

Brooker Florida 32622

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Susan Banks,

P.O. Box 358542

Gainesville Florida 32635

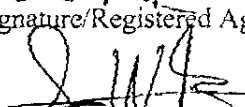
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

June 20, 2003

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

June 20, 2003

\_\_\_\_\_  
Date