

NO500000188

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

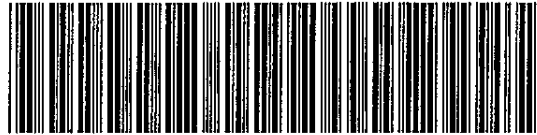
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400043408384

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

04 DEC 27 PM 3:12

RECEIVED

12-27-04 400043408384 \$75.00

RS 1/7/05

TRANSMITTAL LETTER

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

SUBJECT: Francis Street Adult Day Care 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: Constance B. Stephens
Name (Printed or typed)

6815 Rhone Drive
Address

Jacksonville, FL 32208
City, State & Zip

(904) 634-8996 or cell: (904) 534-9672
Daytime Telephone number

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

January 5, 2005

State of Florida
Division of Corporation
Ms. Pam Smith
Tallahassee, Florida 32034

Dear Ms. Smith,

Francis Street Adult Day Care is in the process of becoming a non profit organization.
Please release the name to be reissued to Francis Street Adult Day Care, Inc. The
original document number is P01000114909.

If you have any questions please call me at (904) 634-8996.

Thank you for your assistance with this matter.

Sincerely,



Constance Stephens
President

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

ARTICLE I NAME

The name of the corporation shall be:

Francis Street Adult Day Care Center Inc

ARTICLE II PRINCIPAL OFFICE

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

1537 Francis Street
Jacksonville, FL 32209

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide assisted living to elderly and disabled clients by offering daily activities, personal care and food service within a clean and wholesome environment

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the President

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Constance B. Stephens-President; 6815 Rhone Drive; Jacksonville, FL 32208

Patricia Ritch-Treasurer; 4433 Willscarlet Road; Jacksonville, FL 32208

Anthony Gabrielle-Secretary; 360 South Nine Drive; Ponte Vedra, FL 32082

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Constance B. Stephens
6815 Rhone Drive
Jacksonville, FL 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

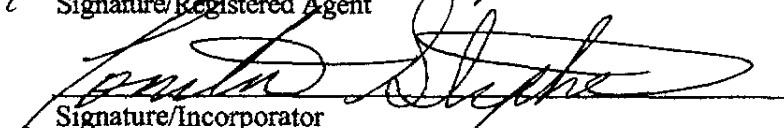
Constance B. Stephens
6815 Rhone Drive
Jacksonville, FL 32208

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

12/22/2004

Date


Signature/Incorporator

12/22/2004

Date

FILED

04 DEC 27 PM 3:12

RECORDING OFFICE OF STATE
ALLAHASSEE, FLORIDA