

NO5000003940

(Requestor's Name)

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(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Dr. Allen

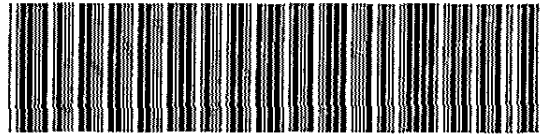
AUTHORIZATION BY PHONE TO

CONTACT KERN

DATE 4-19-05

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05 MAR 28 AM 7:37  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

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

SUBJECT: Extended Family Care 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: Dr. Luvenia Allen  
Name (Printed or typed)

4631 NW 74<sup>th</sup> Ave  
Address

Lauder hill, FL 33319  
City, State & Zip

954 232 6362  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

March 31, 2005

DR LUNENIA ALLEN  
4631 NW 74TH AVE  
LAUDER HILL, FL 33319

SUBJECT: EXTENDED FAMILY CARE INC.  
Ref. Number: W05000016447

We have received your document for EXTENDED FAMILY CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 505A00022057



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 8, 2005

DR LUNENIA ALLEN  
4631 NW 74TH AVE  
LAUDER HILL, FL 33319

SUBJECT: EXTENDED FAMILY CARE INC.  
Ref. Number: W05000016447

We have received your document for EXTENDED FAMILY CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

We need to know how the directors are elected or appointed not the officers.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch  
Document Specialist  
New Filings Section

Letter Number: 905A00024206

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Extended Family Care Home, Inc.

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05 MAR 28 AM 7:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

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

4631 NW 74th Ave  
Lauderhill, FL 33319

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide crisis intervention and emergency shelter  
to homeless, pregnant and abused women

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

~~All officers were appointed by~~  
Founder Dr. Luxenia Allen  
appointed all directors

## ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Dr. Luxenia Allen  
4631 NW 74th Ave  
Lauderhill, FL 33319  
President

Dawene Garland  
3821 NW 21st  
Lauderhill FL  
33311  
Treasurer

Yvonne Jones  
1945 NE Graw Ave  
Apt. 4 G  
Bronx, N.Y. 104  
Secretary

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dr. Luxenia Allen  
4631 NW 74th Ave  
Lauderhill, FL 33319

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Luxenia Allen  
4631 NW 74th Ave  
Lauderhill, FL 33319

\*\*\*\*\*  
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.

Dr. Luxenia Allen  
Signature/Registered Agent

3/21/05  
Date

Dr. Luxenia Allen  
Signature/Incorporator

3/21/05  
Date