

No 6000004153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

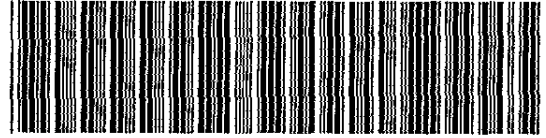
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2006 APR 14 P 4:00

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4-14-06
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COVER LETTER

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

SUBJECT: SCARBOROUGH GROUP HOME, 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: OLA SCARBOROUGH
Name (Printed or typed)

4722 CEPEDA STREET
Address

ORLANDO, FL 32811
City, State & Zip

407-808-8648
Daytime Telephone number

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

ARTICLES OF INCORPORATIONS
In Compliance with Chapter 617, F.S., (Not for Profit)
OF
SCARBOROUGH GROUP HOME, INC
A FLORIDA NONPROFIT CORPORATION

ARTICLE I NAME

The name of the corporation shall be:
SCARBOROUGH GROUP HOME, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be
4722 CEPEDA ST Orlando, FL 32811

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A. This corporation is a Not-for -Profit Corporation organized under Chapter 617, Florida Statutes. It is not organized for the private gain of any person. The specific purposes of this corporation are:

- To provide A Group home setting/living environment to developmentally disabled individuals. To help to develop skills, daily routines, habits, and other means to allow them as much control to live independently.
- To provide onsite and focused development and enhancement of Daily Living Skills, Reality Orientation, Medication Management, 12 Step Program, Stress Management, Mental Health Education, Behavior Modification, Self-Esteem, Leisure Planning, Physical Conditioning, Nutrition, HIV Education, Problem Solving, and the development of skills through support groups and activities.
- To provide Case Management Services that includes comprehensive assessment of needs, cooperative service planning, appropriate linkages with community agencies, monitoring of Services, and plan delivery/consumer advocacy.

B. To exercise all rights and powers conferred by the laws of the State of Florida upon nonprofit corporations.

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TALLAHASSEE, FLORIDA

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C. Provided, however, that the corporation shall not engage in any action which is not permitted to be carried on by nonprofit corporations under the Internal Revenue Code and no part of the net earnings of the corporation shall inure to the benefit of or distributable to its members, directors, or officers: but to the corporation shall be authorized and empowered to pay reasonable compensation to these people for services rendered, and to make payments and distributions in furtherance of its stated purpose.

ARTICLE IV MANNER OF ELECTIONS

The manner in which the directors are elected or appointed:

The corporation shall have voting Members, who shall be elected (and may be removed) by the voting members, and who shall have all the rights and privileges of members of the corporation. Each member shall have one vote, and new members will be conducted on a quarterly basis. Removal of a member will be conducted on a quarterly basis.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Ola Scarborough , Executive Director
4722 Cepeda St Orlando, Fl 32811

Tammy L. Scarborough
1000 Royal Marquise Circle Ocoee, Fl 34761

Sandra Scarborough
2924 Northwest 56th St
Miami, Fl 33412

Wendy Scarborough
2924 Northwest 56th St
Miami, Fl 33412

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

Tammy L. Scarborough
1000 Royal Marquise Circle Ocoee, Fl 34761

ARTICLE VII INCORPORATOR

Ola Scarborough , Executive Director
4722 Cepeda St Orlando, Fl 32811

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Having been named as registered agent to accept service of process for the 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


Date


Signature/Incorporator


Date