

NO6000004304

Willie G KITT  
-2635 Cherokee Avenue-  
-FT Pierce, FL 34946--

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

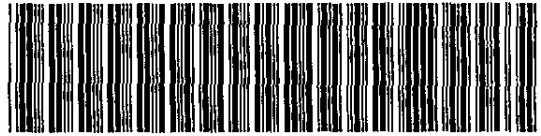
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 10, 2006

WILLIE G KITT  
2635 CHEROKEE AVENUE  
FT PIERCE, FL 34946

SUBJECT: KITT'S SENIOR CITIZEN ALTERNATIVE CARE CENTER INC.  
Ref. Number: W06000015279

We have received your document for KITT'S SENIOR CITIZEN ALTERNATIVE CARE CENTER INC. and your check(s) totaling \$78.70. 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.

Subsequent directors/trustees may be elected or appointed by directors/trustees. However, initial directors/trustees **MUST** be elected or appointed by members, officers, founders, etc.

PLEASE do not resubmit this document until you have called me first.

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) 245-6933.

Dale White  
Document Specialist  
New Filing Section

Letter Number: 306A00021670

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**ARTICLE OF INCORPORATION**  
*In Compliance With Chapter 617, F.S., (Not for Profit)*

**ARTICLE I NAME**

*The name of the corporation shall be : Kitt's Senior Citizen Alternative Care Center Inc.*

**ARTICLE II PRINCIPAL OFFICE**

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

*2635 Cherokee Avenue Fort Pierce, FL 34946 , Mailing Address is 2635 Cherokee Avenue Fort Pierce, FL 34946*

**ARTICLE III PURPOSE**

*The purpose for which the corporation is organized is: To provide Immediate and dignified health care and living facility to the poor ages 50 and older, promote long term solution to substandard care*

**ARTICLE IV MANNER OF ELECTION**

*The manner in which the director are elected or appointed : He is elected by the board of trustee's*

**ARTICLE V INITIAL DIRECTOR AND/OR OFFICER**

*List name(s), Address(es) and specific title(s) :*

- 1. Director: Willie G. Kitt, 2635 Cherokee Avenue Fort Pierce, FL 34946*
- 2. Secretary: Nancy Kitt 2635 Cherokee Avenue Fort Pierce, FL 34946*
- 3. Treasury: Cassandra Kitt, 467 north 18th Street Fort Pierce, FL 34946*
- 4. Trustee: Danyanna Stewart 5510 San Diago Avenue Fort Pierce, FL 34946*
- 5. Trustee: Tommy Effend , 4950 49th Avenue Fort Pierce, FL 34946*

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*Willie G. Kitt 2635 Cherokee Avenue Fort Pierce, FL 34946*

**ARTICLE VII INCORPORATOR**

*The name and address of the incorporator*

*Willie G. Kitt 2635 Cherokee Avenue Fort Pierce FL 34946*

\*\*\*\*\*  
*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.*

*Willie G. Kitt*  
\_\_\_\_\_  
Signature/Registered Agent

*4/13/06*  
\_\_\_\_\_  
Date

*Willie G. Kitt*  
\_\_\_\_\_  
Signature/Incorporator

*4/13/06*  
\_\_\_\_\_  
Date