

NO0000009477

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

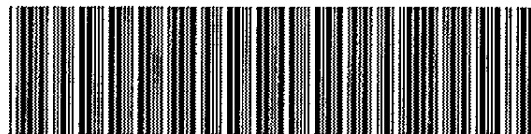
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9/7/06

COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT: A Place of Their Own, 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: Lorraine H. Gaches, Director

Name (Printed or typed)

5480 Don Manuel Road

Address

Elkton, Florida 32033

City, State & Zip

904-612-9097

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 28, 2006

LARRAINE H. GACHES
5480 DON MANUEL ROAD
ELKTON, FL 32033

SUBJECT: A PLACE OF THEIR OWN, INC.
Ref. Number: W06000037814

We have received your document for A PLACE OF THEIR OWN, 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) 245-6973.

Claretha Golden
Document Specialist
New Filing Section

Letter Number: 006A00052536

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

ARTICLE I NAME

The name of the corporation shall be:
A Place of Their Own, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
5480 Don Manuel Road, Elkton, Florida 32033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide a safe, happy, healthy and nurturing environment for children and adults with developmental disabilities to call home.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
The method of election of directors will be stated in the bylaws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

| | |
|--|--|
| Lorraine H. Gaches, Director 5480 Don Manuel Road Elkton, FL 32033 | John W. Gaches, President 5480 Don Manuel Road Elkton, FL 32033 |
| Kathy Arglitis, Co-Director 5480 Don Manuel Road Elkton, FL 32033 | Lou Arglitis, Vice President 5480 Don Manuel Road Elkton, FL 32033 |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Lorraine H. Gaches, Director
5480 Don Manuel Road
Elkton, FL 32033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lorraine H. Gaches, Director
5480 Don Manuel Road
Elkton, FL 32033

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

Lorraine H. Gaches
Lorraine H. Gaches

Date

09-06-2006

Signature/Incorporator

Lorraine H. Gaches
Lorraine H. Gaches

Date

09-06-2006

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA