N06000009535

(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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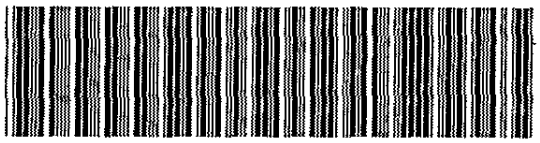

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pa
9/14

COVER LETTER

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

SUBJEC

Please Sent the infomations
backto 8937 Shindler Crossing Dr
Jacksonville, Fl 32222

Enclosed

Thanks
Donna Scott

Copy
ate

ED

FROM: Tru'Ieshia Anderson-Manard
Name (Printed or typed)

2113 Spanish Oaks Drive
Address

Harvey, Louisiana 70058
City, State & Zip

(504) 494-9246
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Lasting Impression Care,Inc.

ARTICLE II PRINCIPAL OFFICE

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

6010 DuClay Road Ste.7
Jacksonville, Florida 32244

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

HealthCare Provider (Supported Living Services)

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors appointed by percentages
Donna L. Scott 51%
Tru'Ieshia Anderson-Manard 29%
Kenneth J. Manard Jr. 20%

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Program Director-Donna Scott 8937 Shindler Crossing Dr. Jax,FL
CEO-Tru'Ieshia Anderson-Manard 2113 Spanish Oaks Dr Harvey,LA
Chairman-Kenneth Manard Jr. 2113 Spanish Oaks Dr. Harvey, LA

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Donna L. Scott
8937 Shindler Crossing Drive
Jacksonville, Florida 32222

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Tru'Ieshia Anderson-Manard
2113 Spanish Oaks Drive
Harvey, Louisiana 70058

****

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.

Donna L. Scott — Aug 30, 2006
Signature/Registered Agent Donna L. Scott — Date

Tru'Ieshia Anderson-Manard — Aug 30, 2006
Signature/Incorporator Tru'Ieshia Anderson-Manard — Date