N06000012420

(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

COVER LETTER

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

SUBJECT: Friends of Hope Adult Day Services Corp.
(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: Carol J. Neil
Name (Printed or typed)

14548 Crystal View Lane
Address

Jacksonville, FL 32250
City, State & Zip

904-821-0001 or 904-612-8322 (cell)
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)

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TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Friends of Hope Adult Day Services Corp.

ARTICLE II PRINCIPAL OFFICE

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

1560 Roberts Drive
Jacksonville Beach, FL 32250

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide scholarships to families in need of adult day services.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by the President

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Carol J. Neil- President 14548 Crystal View Lane, Jacksonville, FL 32250
Sandra Catallo- Vice President 111 Dahala Ct. Ponte Vedra, FL 32082
Robert Schoenfeld- Treasurer 141 Indian Hammock Lane, Ponte Vedra, FL 32082
Victoria Offenberg- Secretary 1800 The Greens Way-#603, Jacksonville Beach, FL 32082
Tony Gabrielle-Director 360 South Nine Drive, Ponte Vedra, FL 32082

Catallo

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Carol J. Neil
14548 Crystal View Lane
Jacksonville, FL 32250

ARTICLE VII INCORPORATOR

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

Carol J. Neil
14548 Crystal View Lane
Jacksonville, FL 32250

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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.

Carol J Neil
Signature/Registered Agent — 11/30/2006 Date

Carol J Neil
Signature/Incorporator — 11/30/2006 Date