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2007 JAN 11 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1-1-12

COVER LETTER

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

SUBJECT: Community Alternatives 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: Lashanda L. Williams
Name (Printed or typed)

217 SE Ammas Ave.
Address

Madison, FL 32340
City, State & Zip

850-973-3323
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 8, 2007

LASHANDA L. WILLIAMS
217 SE AMMONS AVE.
MADISON, FL 32340

SUBJECT: COMMUNITY ALTERNATIVES INC.
Ref. Number: W07000000946

We have received your document for COMMUNITY ALTERNATIVES 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6047.

Carolyn Lewis
Document Specialist
New Filing Section

Letter Number: 507A00001486

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:
Community Alternatives INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
217 SE Ammons Ave.
Madison, FL 32340

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a non-profit corporation organized under Chapter 617, Florida Statutes. It is not organized for the private gain of any person. The specifics of this service provides a structured and supervised environment and acquisition of skills necessary to enable the elderly and disabled client to improve the level of functioning to achieve or maintain the most realistic level of independent functioning. The corporation will provide clients with educational, vocational and social activities. Services will also include health and medication monitoring, meals, transportation and therapeutic activities. The corporation shall not engage in any action which is not permitted under the IRS code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Directors/officers will be appointed when applicable.
Directors shall be elected or appointed in the manner and for the terms provided in the by laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Lashanda L. Williams - President, Director, Treasurer
217 SE Ammons Ave.
Madison, FL 32340

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Barren Williams
397 SW. Brooklyn St.
Madison, FL 32340

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lashanda Williams
217 SE Ammons Ave.
Madison, FL 32340

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.

Barren Williams
Signature/Registered Agent Barren Williams

1/11/07
Date

Lashanda Williams
Signature/Incorporator
Lashanda Williams

1-11-07
Date