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PICK-UP	☐ WAIT	MAIL
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Certified Copies	es Certificates of Status	
Special Instructions to	Filing Officer:	

Office Use Only



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DEFAITE OF STATE DIVISION OF SURPORATIO TALLAMASSEE, FLORID.

RECEIVED

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## **COVER LETTER**

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

Enclosed is an original and one(1) copy of the Articles of Incorporation and a check for:

\$7,0.00 Filing Fee **\$78.75** 

Filing Fee &

Certificate of

Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

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:
Caretakers Pavillion, IR
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:
2691 Olson RA 1710 New Way
2691 Olson Rd 171 DNew Way ARTICLE III PURPOSE  Havang FL 32333
The purpose for which the corporation is organized is:
To Service Elderly Profits and
Peoples with disabilities
ARTICLE IV MANNER OF ELECTION  The manner in which the directors are elected or appointed:
They are appointed
ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS List name(s), address(es) and specific title(s):
Cassandra O'Neal HMber L. Williams & &
Stationic Elones
Rocqual- P. Jones
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Patricia A. Singleton 171 Eineal Way HENESIGN FL 32333 ARTICLE VIT INCORPORATOR
I'm own Way Patricia A. Singleton
Havora PL 32333
Having been named as registered agent to accept service of process for the above stated corporation at the place designated
in this cartificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.
Signature/Registered Agent // Date
D 2-37
Signature/Incorporator Date