

**No7000012009**

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(Requestor's Name)

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\_\_\_\_\_  
(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

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*12-17*

**COVER LETTER**

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

SUBJECT: CCACE 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:

Barbara Varvel  
Name (Printed or typed)

200 Fathom Loop #26  
Address

Beverly Hills, FL 34465  
City, State & Zip

352-746-9245  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 26, 2007

BARBARA VARVEL  
200 FATHOM LOOP, #126  
BEVERLY HILLS, FL 34465

SUBJECT: CCHCE, INC.  
Ref. Number: W07000057555

We have received your document for CCHCE, 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):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

An effective date may be added to the Articles of Incorporation. **if a 2008 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the corrected 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  
Regulatory Specialist II  
New Filing Section

Letter Number: 007A00067142

## COVER LETTER

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

**SUBJECT:** CCHCE 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:** Barbara Varvel  
Name (Printed or typed)

200 Fathom Loop #126  
Address

Beverly Hills, Fl. 34465  
City, State & Zip

352-746-9245  
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:

CCHCE Inc.  
3650 W. Sovereign Path

**ARTICLE II PRINCIPAL OFFICE** Lecanto Fl. 34461-8070

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

CCHCE Inc.  
3650 W. Sovereign Path  
Lecanto Fl. 34461-8070

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide and present education experiences to Community groups/consumer education to community.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

2/3 of the members voted on every two years.  
Fiscal year Jan. 1 to Dec 31.

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

|                          |                          |                      |
|--------------------------|--------------------------|----------------------|
| Barbara Varvel Pres.     | June Rogers Ed. Dir.     |                      |
| 200 Fathpm Loop #126     | 1900 W. Alpha Cort #143  | Estelle Bentle Sec.  |
| Bererly Hills, Fl. 34465 | Lecanto, Fl. 34461       | 6510 W.Crosbeck ct.  |
| Marian Dallner 1st. V.P. | Mona Morris Tres.        | Homosassa, Fl. 34465 |
| 2400 Forest Dr. #136     | 219 S. Jackson St.       |                      |
| Inverness, Fl. 34453     | Beverly Hills, Fl. 34465 |                      |

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Dr. Joan Bradshaw Ext. Dir.  
3650 w. Sovereign Path  
Lecanto, Fl. 34461-8070

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

|                          |                          |
|--------------------------|--------------------------|
| Barbara Varvel Pres.     | Mona Morris Tres.        |
| 200 Fathom Loop #126     | 219 S. Jackson St.       |
| Beverly Hills, Fl. 34465 | Beverly Hills, Fl. 34465 |

\*\*\*\*\*Beverly Hills, Fl. 34465\*\*\*\*\*  
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.

Joan P. Bradshaw  
Signature/Registered Agent

11/14/07  
Date

Barbara Varvel Pres  
Signature/Incorporator

11-19-07  
Date

Mona Morris, Treas.