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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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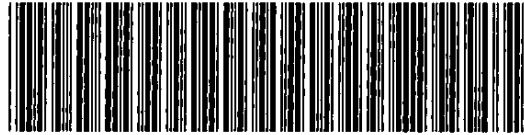
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1115  
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## COVER LETTER

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

SUBJECT: NEWPORT HOME CARE PHASE II, 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: NEWPORT HOME CARE PHASE II, INC.  
Name (Printed or typed)

2811 Cleveland Street  
Address

Hollywood, Florida 33023  
City, State & Zip

(954) 394-5561  
Daytime Telephone number

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

**Articles of Incorporation  
For  
NEWPORT HOME CARE PHASE II, INC.**

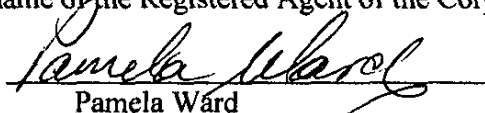
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TALLAHASSEE, FLORIDA

**ONE:** The name and address of this principal corporation NEWPORT HOME CARE PHASE II, INC. at 2811 Cleveland Street, Hollywood, Florida 33023, Broward County. The Corporation is organized pursuant to the FLORIDA Non-profit Corporation Code.

**TWO:** The purpose or purposes for which the corporation is formed are as follows: to provide assistance to the disabled, elderly and people with special needs in our community, transitional housing, food assistance and referrals.

**THREE:** The duration of this Corporation shall be perpetual, with no stock and shall have no members.

**FOUR:** The address of the registered office is 2811 Cleveland Street, Hollywood, Florida 33020, and the name of the Registered Agent of the Corporation shall be:

  
Pamela Ward

**FIVE:** (1) This Corporation is organized and operated exclusively for Charitable purposes within the meaning of Section 501 (c) (3) of the Internal Revenue Code.

(2) Notwithstanding any other provision of these Articles, the Corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501 (c) (3) of the Internal Revenue Code or (2) by corporation contributions to which are deductible under Section 170 (c) (2) of the Internal Revenue Code.

**SIX:** The Directors are elected in accordance with the By-laws. The name and address of the persons appointed to act as the initial Directors of this Corporation are:

	<u><b>Names</b></u>	<u><b>Addresses</b></u>
President	Pamela Ward	2811 Cleveland Street, Hollywood, Florida 33023
Treasurer	Easton Morgan	831 SW 96th Ave, Pembroke Pines, FL 33025
Secretary	Claudette Chang	5310 NW 88th Ave Apt b102, Sunrise, FL 33351

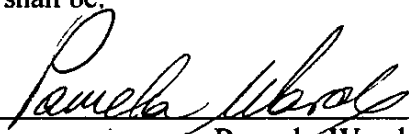
**SEVEN:** The property of this Corporation is irrevocably dedicated to Charitable purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

*EIGHT:*

On the dissolution or winding up of the Corporation, its assets remaining after payment of, or provision for payment of, all debts, and liabilities of this Corporation, shall be distributed to a non-profit fund, foundation, or corporation, which is organized and operated exclusively for, Education and Charitable under Section 501 (c) (3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such assets not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

*NINE:*

Executed on December 15, 2007. The name and address of the incorporator of this Corporation shall be:

A handwritten signature in cursive script, appearing to read "Pamela Ward", is written over a horizontal line.

Pamela Ward  
2811 Cleveland Street  
Hollywood, Florida 33023

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the corporation is: NEWPORT HOME CARE PHASE II, INC.

The name and address of the registered agent and office is:

Pamela Ward  
2811 Cleveland Street  
Hollywood, Florida 33023

*The above person has been named as registered agent and to accept service of process for the stated purpose of preparation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes, completely, to the proper and complete performance of my duties, and I am familiar with and accept the directions of my position as registered agent.*

  
(SIGNATURE)

01/09/08  
(DATE)

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TALLAHASSEE, FLORIDA