NO9000000095

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

-9

COVER LETTER

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

| SUBJECT: | ALL FOR YOU RESIDENTIAL SERVICES, Corp. (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX) | | | | |
|----------------------------|---|---------------------------------|------------------|--|--|
| | (PROPOSED CORPORATE | NAME - MUST INCLUI | DE SUFFIX) | | |
| | | | | | |
| | | | | | |
| Enclosed is an original a | nd one (1) copy of the Articl | es of Incorporation and a | a check for : | | |
| Literosou is an original a | ina one (1) copy of all 1 and | | | | |
| \$70.00 | \$78.75 | \$78.75 | 3 \$87.50 | | |
| Filing Fee | Filing Fee & | Filing Fee | Filing Fee, | | |
| | Certificate of | & Certified Copy | Certified Copy | | |
| | Status | | & Certificate | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| | | | | | |
| | | | | | |
| EDOM: | GENEA THORNTON | | | | |
| Name (Printed or typed) | | | | | |
| | | | | | |
| 3696 SOUTHPOINTE DR. | | | | | |
| Address | | | | | |
| ORLANDO, FL. 32822 | | | | | |
| City, State & Zip | | | | | |
| | | | | | |
| 4072731997 | | | | | |
| Daytime Telephone number | | | | | |
| | AFYRS@aol.com | | | | |
| E | E-mail address: (to be used for fu | ture annual report notification | on) | | |

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:

ALL FOR YOU RESIDENTIAL SERVICES, Corp.

ARTICLE II PRINCIPAL OFFICE

The principal <u>street</u> address and mailing address, if different is: 3696 SOUTHPOINTE DR. ORLANDO, FL 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The PURPOSE of ALL FOR YOU RESIDENTIAL SERVICE, Corp. A NON PROFIT ORGANIZATION is to provide people (youth 18-23 & Elderly 55 & up) in transition within the Central Florida Area a safe place to reside along with Independent Living and Employability skills and/or Daily Living Skills.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

DIRECTORS ARE ELECTED BY VOTE AND QUALIFICATIONS.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

GENEA THORNTON 3696 SOUTHPOINTE DR. ORLANDO,FL. 32822 CEO/CHAIRMAN OF BOARD TANYA JOHNSON 4848 KATHYJO CT. ORLANDO,FL. 32818 VICE-CHAIR OF BOARD BRADELIE PIERRE 314 SEVILLE POINTE AVE ORLANDO,FL. 32807 SECRETARY OF BOARD NICOLE SINGLETON 6819 WESTBOROUGH LN ORLANDO,FL. 32818 COMMITTEE CHAIR OF BOARD

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The <u>name and Florida street address</u> (P.O. Box NOT acceptable) of the registered agent is: 3696 SOUTHPOINTE DR ORLANDO, FL 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

GENEA THORNTON 3696 SOUTHPOINTE DR ORLANDO, FL 32822

| *************** | ******* | | | |
|---|------------|--|--|--|
| 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. | | | | |
| Leuce That | 9/29/09 | | | |
| Signature/Registered Agent | Date / / ' | | | |
| Leve The | 9/29/09 | | | |
| Signature/Incorporator | Date '/ / | | | |