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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

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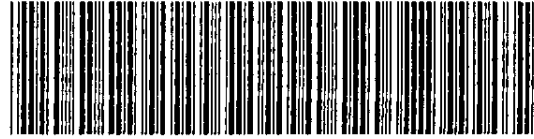
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2/2/11

COVER LETTER

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

SUBJECT: Community Transformers' Network 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: JANICE SMITH  
Name (Printed or typed)

698 Moore Street  
Address

Baldwin Florida 32234  
City, State & Zip

904-235-5698  
Daytime Telephone number

JScogbma8990@ATT.NET ✓  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Community Transformer's Network Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
698 Moore Street  
Baldwin Florida 32234

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide Assisted Living facility for the Mentally Challenged persons, and Senior Care; And provide services for Low income population.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:

Appointed by Officers

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

Name and Title: KATRINA L. SMITH  
Address: 698 Moore St.  
Baldwin Florida 32234

Name and Title: Brian Griffin  
Address: 808 N. University St  
Apt. 307  
Vermillion SD 57069

Name and Title: FREDDIE N. GRIFFIN  
Address: 520 Ellison Road  
Baldwin Fl. 32234

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: Christopher J. SMITH  
Address: 804 SW Ave.  
SIOUX Falls SD 57104

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Janice Smith  
Address: 698 Moore Street  
Baldwin Florida 32234

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Janice Smith / Community Transformer's Network  
Address: 698 Moore Street  
Baldwin Florida 32234

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TALLAHASSEE, FLORIDA

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

Janice Smith  
Required Signature of Registered Agent

3/15/11  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Janice Smith  
Required Signature of Incorporator

3/15/11  
Date