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Special Instructions to I	Filing Officer:					

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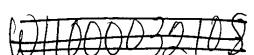
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SECRETARY OF STATE
SECRETARY OF STATE

SC 6-13-11



COVER LETTER

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

SUBJECT: Eagle	e Family Home Inc	E NAME – <u>MUST INCL</u> I	UDE SUFFIX)	
Enclosed is an original	and one (1) copy of the Artic	eles of Incorporation and	d 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 CO	OPY REQUIRED	
FROM	Laurel Thompson	nted or typed)	<u> </u>	
	119 SW 8th Ave	ldress	SECRET TALLAHI	- 11
	Delray Beach, FL	. 33444 tate & Zip	ECRETARY OF STATE LLAHASSEE, FLORIDA	ILED
	561-503-7215	ephone number	TATE ORIBA	2
	laurelmack@ms E-mail address: (to be used for fu		tion)	

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

Marine Array of the Control of the C 6/21/2011 Noi Ms. Sharon Collins Please find enclosed the document with the requested correction.

Thank you. Yr: Laurel Thomp PS. also enclosed is a copy of your letter dated 6/3/2011

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 13, 2011

LAUREL THOMPSON 119 SW 8TH AVENUE DELRAY BEACH, FL 33444

SUBJECT: EAGLE FAMILY HOME INC.

Ref. Number: W11000032108

We have received your document for EAGLE FAMILY HOME INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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) 245-6924.

Sharon Collins Regulatory Specialist II New Filing Section

Letter Number: 911A00014417

Copy

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

The name of the corporation shall be: ARTICLE II PRINCIPAL OPFICE Principal street address Principal street address Principal street address 119 SW 8th Ave Delray Beach E1 33444 ARTICLE III PURPOSE The purpose for which the corporation is organized is: To make provision for the social, spiritual, nutritional, residential, wellness and healthcare needs of older people at reasonable cost. To enrich the lives of those we encounter by embracing and encouraging their distinctive qualities and by interacting with faith communities through leadership, education and culture. V ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: ARTICLE IV INTIAL OFFICERS AND/OR purposers Name and Title Laurel Thompson/Decouples of the sevent and Title Kaydian Gordon/Personel Officer Sedy. Address: 119 SW 8th Ave Address: 418 Meadows Cr Delray Beach E1 33444 Name and Title Joseph Thompson/Asst. Director/ V/P Address: 2887 Contex Ln Delray Beach E1 33444 ARTICLE VI REGISTERED AGENT The manne and Title: Clayon Thompson/Accounting Officer Address: 119 SW 8th Ave Delray Beach E1 33444 ARTICLE VI INCORPORATOR The name and Todds street address (P.O. Box NOT acceptable) of the registered agent is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach E1 33444 ARTICLE VI INCORPORATOR The name and suddress of the Incorporator is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach E1 33444 ARTICLE VI INCORPORATOR The name and address of the Incorporator is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach E1 33444 ARTICLE VI 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 are registered agent and agree to act in this capacity Date Is submit this document and affirm that the facet stated herein are true. I am aware that any fake information submitted	ARTICLE I	NAME	Eagle Family Home Inc			
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Delray Beach El 33444 Name and Title: Joseph Thompson/Asst. Director/ VP Address: 428 Washington St. Dorchester Dorchester Address: 118 SW 8th Ave Delray Beach El 33444 ARTICLE VI 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 ARTICLE VI Required Supply Address: 119 SW 8th Ave Delray Beach El 33444 ARTICLE VI 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 I submit this document and affirm that the facts stated herein are true. I am aware that any fake information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Human Address: 1 submit this document and affirm that the facts stated herein are true. I am aware that any fake information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.	ARTICLE II	PRINCIPAL O	FFICE			
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Address: 119 SW 8th Ave Delray Beach FL 33444 Name and Title: Joseph Thompson/Asst. Director/ VP Address: 428 Washington St Dorchester MA 02124 Name and Title: Clavon Thompson/Accounting Officer Address: 119 SW 8th Ave Delray Beach FL 33445 Name and Title: Clavon Thompson/Accounting Officer Address: 119 SW 8th Ave Delray Beach FL 33444 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach FL 33444 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach FL 33444 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 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach FL 33444 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 ARTICLE VII INCORPORATOR The name and address of the Incorporation is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach FL 33444 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 ARTICLE VII INCORPORATOR The name and address of the Incorporation submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.		Title: Laurel Tho	mpson/Director / Proceiden	Name and Title	Kavdian Gordon/	Personel Officer Sectu.
Delray Beach FL 33444 Name and Title: Joseph Thompson/Asst. Director/ VP Address: 428 Washington St Dorchester MA 02124 Name and Title: Clayon Thompson/Accounting Officer Address: 119 SW 8th Ave Delray Beach FL 33445 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach FL 33444 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach FL 33444 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 O5/31/2011 Required Signature of Registered Agent 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. Address: 10Flexy Officer Address: 2987 Cortez Ln Delray Beach FL 33445 ARTICLE VII REGISTERED AGENT The name and Title: Address: 2987 Cortez Ln Delray Beach FL 33444 FL 33445 TT TO SET TO		119 SW 8th	Ave			
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Address: 2987 Cortez Ln Dorchester MA 02124 FL 33445 Name and Title: Clayon Thompson/Accounting Officer Address: 119 SW 8th Ave Delray Beach FL 33444 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Delray Beach FL 33444 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach FL 33444 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Laurel Thompson Address: 119 SW 8th Ave Delray Beach FL 33444 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 O5/31/2011 Required Signature of Registered Agent 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.			13/19			
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