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(Requestor's Name)

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(City/State/Zip/Phone #)

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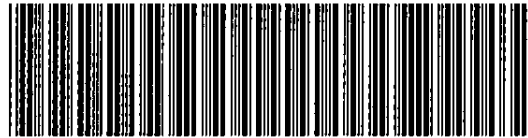
(Business Entity Name)

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FILED
2011 OCT 18 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 19 2011

COVER LETTER

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

SUBJECT: Touch and Agree Adult Care Services, 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: Vidette Stafford
Name (Printed or typed)

740 Putnam Ave
Address

Orlando, FL 32804
City, State & Zip

407-949-8925
Daytime Telephone number

hallvidette@hotmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

**Articles of Incorporation
Of
Touch and Agree Adult Care Services, Inc.
A nonprofit Corporation**

The undersigned incorporator, in order to form a non-profit corporation under the laws of the State of Florida, adopt the following Articles of Incorporation:

Article I

The name of this corporation shall be: Touch and Agree Adult Care Services, Inc.

Article II

The initial principal office is:

1. 740 Putnam Ave, Orlando, Fl. 32804

The mailing address is:

2. P.O. Box 547042, Orlando, Fl. 32804

Article III

This corporation is organized exclusively for charitable and educational purposes, including such purposes, the making of distributions to the organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

This faith based corporation is organized to provide food, shelter, respite care, homecare services, education and spiritual needs to the elderly, retired Veterans and patients undergoing Cancer treatment such as Radiation or Chemo therapy in Central Florida.

Article IV

The management of the affairs of the corporation shall be vested in a Board of Directors, as defined in the corporation's bylaws. No Director shall have any right, title, or interest in or to any property of the corporation. The number of Directors constituting the first Board of Directors is three (3), their names and addresses being as follows:

- Vidette Stafford, President
740 Putnam Ave, Orlando, FL 32804
- Dorothy Stafford, Vice President
3420 N.W 188 Street, Miami Gardens, FL 33055
- Latasha Stafford, Secretary
3420 N.W 188 Street, Miami Gardens, FL 33055

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TALLAHASSEE, FLORIDA

Members of the first Board of Directors shall serve until the first annual meeting, at which their successors are duly elected and qualified, or removed as provided in the bylaws.

Article V

- Vidette Stafford, President
740 Putnam Ave, Orlando, FL 32804
- Dorothy Stafford, Vice President
3420 N.W 188 Street, Miami Gardens, FL 33055
- Latasha Stafford, Secretary
3420 N.W 188 Street, Miami Gardens, FL 33055

Article VI

The name and address of the registered agent of incorporation is:
Vidette Stafford
740 Putnam Ave, Orlando, FL. 32804

Article VII

The name and address of the incorporator is:
Vidette Stafford
740 Putnam Ave, Orlando, FL. 32804

Article VIII

Upon the dissolution of this corporation, its assets remaining after payment or provisions of payment, of all debts and liabilities of this corporation shall be distributed for one of more exempt purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code or shall be distributed to the federal government or to a state or local government for a public purpose.

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.

[Signature]
Required Signature of Registered Agent

10-14-11
Date

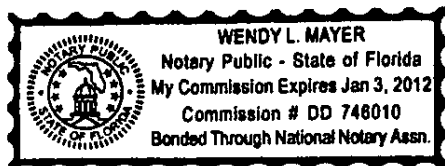
I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted on a document to the Department of State constitutes a third degree felony as provided for in s817.155, F.S.

[Signature]
Required Signature of Incorporator

10-14-11
Date

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TALLAHASSEE, FLORIDA

Witnessed Vidette Tushone Orange County
on 10/14/11. Produced FL DL



Wendy L. Mayer
Notary
Wendy L. Mayer