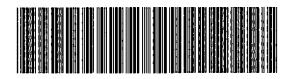
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COVER LETTER

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

SUBJECT: CATYOLLS SETVICES INCO (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	I E NAME – <u>MUSI INCLI</u>	UDE SUFFIX	
Enclosed is an original	and one (1) copy of the Arti	icles 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 C	OPY REQUIRED	
FROM:	Camille Carro	oll rinted or typed)		
	P.O. Box 24	+3 Address	SECH	2011
	Hawthorne City,		NOV 14 RETARY G WHASSEE,	
	Ca - (352) 48		SECRETARY OF 7 TALLAHASSEE, FISH 7 18. 25	
	Camcarvoll 6 (1) E-mail address: (to be used for	2hop-COM future annual report notifica		

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

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

The name of the corporation shall be: Carrolls;	senices
ARTICLE II PRINCIPAL OFFICE	NA 312 - 11 - 20 1200 - 4.3
Principal <u>street</u> address 21316 SE 65th Ave	Mailing address, if different is:
Hawthorne FL 32640	Haw thorne Fi 32640
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is: To pr	rovide child care, social, educational,
referral and family services to family	lies; which include inner city and rural ,.
families. May also include case mo programs.	rovide child care, social, educational, lies; which include inner city and rural anagement services. May include educational
ARTICLE IV MANNER OF ELECTION The manner i	in which the directors are elected and appointed:
Basic V	oting process. The director must he applifications
Name and Title: Camille. Carroll - Director	Name and Title: Elaine M. Cornoll - officer
Address: P. D. Box 243	Address: P.O. Box 243
Hawthome Fz 32640	Hauthorne PL 32640
Name and Title: Cunthia Carroll- Jordon As	ist. Name and Title: Wanda L. Carroll
Address: P.O. Box 24	13 Address: P.O. BOX 243
Hawthorne FL. 32640 or 2392 Island Shore Dr. S.	Hawfhorne FL 32640
Jacksonville, FL 32218	
Name and Title:	Name and Title: Robert H. Carroll Jr.
Address: <u>Kobinelle Carroll-Berna</u> P.O. Box 243	Hawthorne FL 32640
Hawthorne FL 32640	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable)	of the registered agent is:
Name: <u>Camille Carroll</u>	AL SE
Address: 21316 SE 65th Ave Hawthorne FZ 32640	- CAA
HAWTHOINE IL 32040	- HAD OV
	SSI I
ARTICLE VII INCORPORATOR The name and address of the Incorporator is:	The same of the sa
Name: Camille Carroll	
Address: P.O. Box 243	
Hauthorne FL 3264	₽ 25
	
Having been named as registered agent to accept service of pro- certificate, I am familiar with and accept the appointment as regist	cess for the above stated corporation at the place designated in this
1 A A A A	
Canule Canall	11-11-2011 Date
Required Signature of Registered Agent	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 provi	
Marvilla A. ann -	11 11 2811
Lumille Canall	11-11-2011
Required Signature of Incorporato	T Date