

N12000004573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

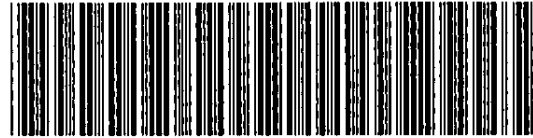
(Business Entity Name)

(Document Number)

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

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FILED  
12 MAY -4 PM 4:15  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

T. Burch MAY 17 2012

**COVER LETTER**

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

**SUBJECT: Quick Break Cafe, 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: LaShan Lane c/o Reginald Gaffney**  
Name (Printed or typed)

**5316 North Pearl Street**  
Address

**Jacksonville, Florida 32208**  
City, State & Zip

**904-647-8593 ext. 203**  
Daytime Telephone number

**rgaffney@communityrehabcenter.org**  
E-mail address: (to be used for future annual report notification)

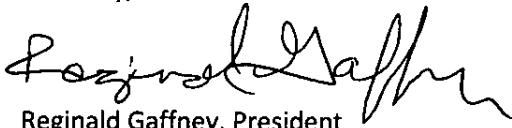
**NOTE: Please provide the original and one copy of the articles.**

May 1, 2012

To whom it may concern:

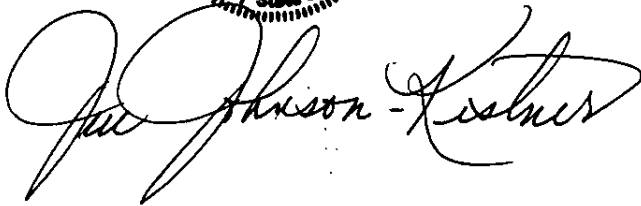
Please allow this letter to act as the official document for Quick Break Café Inc. stating that the entity has been formally dissolved as a FL for profit entity and seeks to re organized as a FL not for profit entity bearing the same name, Quick Break Café Inc. Furthermore, all Officers and Directors certify that there is no intent to reinstate or revoke the dissolution.

Sincerely,



Reginald Gaffney, President

Quick Break Café



May 1, 2012

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

**ARTICLE I NAME** Quick Break Cafe, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

|                                    |                                    |
|------------------------------------|------------------------------------|
| Principal <u>street</u> address    | Mailing address, if different is:  |
| <u>5216 North Pearl Street</u>     | <u>623 Beechwood Street</u>        |
| <u>Jacksonville, Florida 32208</u> | <u>Jacksonville, Florida 32206</u> |

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is:  
To support the rehabilitation and vocational efforts of the parent organization through a cafe.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

Existing central organization executive management team

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

|  |                       |
|--|-----------------------|
| Name and Title: <u>Reginald Gaffney Sr., President</u> | Name and Title: _____ |
| Address: <u>11636 Jerry Adams Drive</u>                | Address: _____        |
| <u>Jacksonville, Florida 32218</u>                     | _____                 |
| _____  | _____                 |
| Name and Title: <u>Stanley Twiggs, Vice President</u>  | Name and Title: _____ |
| Address: <u>2292 Nettlebrook Street North</u>          | Address: _____        |
| <u>Jacksonville, Florida 32218</u>                     | _____                 |
| _____  | _____                 |
| Name and Title: _____                                  | Name and Title: _____ |
| Address: _____   | Address: _____        |
| _____  | _____                 |
| _____  | _____                 |

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TALLAHASSEE, FLORIDA

**ARTICLE VI REGISTERED AGENT**

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

Name: The Community Rehabilitation Center, Inc.  
Address: 623 Beechwood Street  
Jacksonville, Florida 32206

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Jill C Kestner  
Address: 5320 North Pearl Street  
Jacksonville, Florida 32208

*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*

Reginald Gaffney  
Required Signature of Registered Agent

5/1/2012  
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.*

Jill C Kestner  
Required Signature of Incorporator

5.1.12  
Date