Electronic Articles of Incorporation For

N12000006634 FILED July 09, 2012 Sec. Of State bmcknight

MANASOTA COMMUNITY CARE, INC

The undersigned incorporator, for the purpose of forming a Florida not-forprofit corporation, hereby adopts the following Articles of Incorporation:

Article I

The name of the corporation is:

MANASOTA COMMUNITY CARE, INC

Article II

The principal place of business address:

4143 DAY BRIDGE PLACE ELLENTON, FL. US 34222

The mailing address of the corporation is:

P.O. BOX 583 ELLENTON, FL. US 34222

Article III

The specific purpose for which this corporation is organized is:

ALL LAWFUL PURPOSES, INCLUDING FINANCIAL PAYEE REPRESENTATION, SUBSTANCE ABUSE AND MENTAL HEALTH COUNSELING TO THE NEEDY.

Article IV

The manner in which directors are elected or appointed is: AS PROVIDED FOR IN THE BYLAWS.

Article V

The name and Florida street address of the registered agent is:

EDDIE L COLLINS 4143 DAY BRIDGE PLACE ELLENTON, FL. 34222

I certify that I am familiar with and accept the responsibilities of registered agent.

Registered Agent Signature: EDDIE COLLINS

Article VI

The name and address of the incorporator is:

EDDIE COLLINS 4143 DAY BRIDGE PLACE

ELLENTON, FL 34222

Electronic Signature of Incorporator: EDDIE COLLINS

I am the incorporator submitting these Articles of Incorporation and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of this corporation and every year thereafter to maintain "active" status.

Article VII

The initial officer(s) and/or director(s) of the corporation is/are:

Title: P
EDDIE L COLLINS
4143 DAY BRIDGE PLACE
ELLENTON, FL. 34222 US

Title: SEC JAMIL O COLLINS 4143 DAY BRIDGE PLACE ELLENTON, FL. 34222 US

Article VIII

The effective date for this corporation shall be:

07/20/2012

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