N1200001195/

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
Mr. M. Graw GAVE				
AUTHOHIZATION BY PHONE TO CORRECT T TITLE!				
DATE 12/28/12				
DOC. EXAM_ VA				
W12-55/158				

Office Use Only



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10/29/12--01031--019 **87.50



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COVER LETTER

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

SUBJECT: Macedonia Adult Day Care 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

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Rev. Herbert Mc araw
Name (Printed or typed)

189 Shiloh Doint ROAD
Address

OAK Hill fl. 32759 City, State & Zin

386-689-4383 Daytime Telephone number

Revnegra @ Bellsouth . Wet E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 30, 2012

REV. HERBERT MC GRAW 189 SHILOH POINT ROAD OAK HILL, FL 32759

SUBJECT: MACEDONIA ADULT DAY CARE INC.

Ref. Number: W12000055458

We have received your document for MACEDONIA ADULT DAY CARE INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 612A00026574

www.sunbiz.org

District of Community D.O. DOV 6207 Well-based Florida 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME	A Jule Doyogre	 -	FILED
The name of the corporation	shall be: Macedonia Adult Daycare	rnc.	10 DEC 00 DU A
ARTICLE II PRINCI	PAL OFFICE		12 DEC 26 PM 2: 48
	Principal street address		Mailing address, if different is:
	189 Shiloh Point Road		- IALLANASSEE, FLORIDA
	Oak Hill, FL 32759		02 2 (11 (O ()) ()
			
ARTICLE III PURPO	OSE	į	EFFECTIVE DATE 1/1/2013
The purpose for which the c	orporation is organized is:		/ /
To provide qua	corporation is organized is: lity daycare services for disabled and s	enior adults that is	conducive to physical and memor
stimulation in a	lity daycare services for disabled and streligious base environment. Won -	profit orga	ni zation
	-		
ARTICLE IV MANN	ER OF ELECTION The manner in	which the directors a	re elected and appointed:
	Appointed by Reu, H		
	• • • • • • • • • • • • • • • • • • • •		
	<u>AL OFFICERS AND/OR DIRECTO</u>		Claudette Thomas
Name and Title: Address:	Rev. Herbert McGraw	Name and Title: Address:	302 S. Ridgewood Ave.
Augress:	183 Shiloh Point Road	_ Addiess	Edgewater, FL 32132
	Oak Hill, FL 32759		Secretary
t .	Director		
Name and Title:		Name and Title:_	Gloria Strait
Address:	Virginia Jackson	_ Address: _	1613 Third Street
	3108 Queen Palm Dr.		Daytona Beach, FL 32117
	Edgewater, FL 32141 Asst. Director	- -	Asst. Secretary
Name and Title:	Cynthia Dixon	Name and Title:	•
Address:	179 Wyatt Street	Address:	
Addivos.	Oak Hill, FL 32759		
	Treasurer		
	STERED AGENT	CA 1. 1	. •
	et address (P.O. Box NOT acceptable) o		II IS:
Name:	Rev. Dr. Herbert McGra	W.	
Address:	183 Shiloh Point Road	-	
	Oak Hill, FL 32759	-	
	RPORATOR		
The name and address of the	he Incorporator is: Rev. Dr. Herbert McGra	w	
Name:	!83 Shiloh Point Road	_	,
Address:	Oak Hill, FL 32759	_	
			
		→	
Having been named as reg	sistered agent to accept service of proc	ess for the above st	ated corporation at the place designated in thi
certificate, I am familiar wi	ith and accept the appointment as regista	ered agent and agree	e to act in this capacity
_			
River Hick	Lef M = Mac Required Signature of Registered Agent		12-22-12 Date
	Required Signature of Registered Agent		Date
•			
I submit this document and	affirm that the facts stated herein are t	rue. I am aware tha	t any false information submitted in a documen
	constitutes a third degree felony as provi		0, F.S.
0 41	Let ME Andrew Required Signature of Incorporator		(m m m / n
Kw. The	but 111 - Morar		12 · 22 - 12 Date
	Required Signature of Incorporator		Date