

N/130000/0824

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

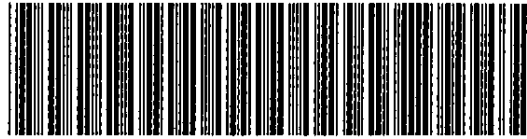
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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TALLAHASSEE, FLORIDA

*12/05/13*

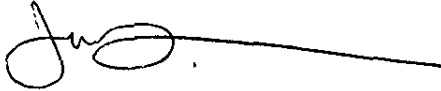
Date: 12/2/2013

To: Department of State Division of Corporation

From: The Caring Place, INC.

Please be advised I will not revoke my dissolution filed on 11/22/2013 under document number P06000131090. I am releasing the name The Caring Place, INC. As of 12/2/2013 I am filling to use the name The Caring Place, INC for the new non-profit organization application.

Junon Dunbar -Director



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TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: **The Caring Place 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: **Junon Dunbar**

Name (Printed or typed)

**12250 Dawn Vista Drive**

Address

**Riverview, FL 33578**

City, State & Zip

**(813) 574-9250**

Daytime Telephone number

**junond@yahoo.com**

E-mail address: (to be used for future annual report notification)

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

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

**ARTICLE I      NAME**

The name of the corporation shall be: The Caring Place Inc.

**ARTICLE II      PRINCIPAL OFFICE**

Principal street address:  
12250 Dawn Vista Drive Riverview, FL 33578

Mailing address, if different is:  
P.O. Box 2331 Brandon FL 33509

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is: The Caring Place, Inc. is a non-profit organization that promotes and protects all human rights. Our Primary goal is to prevent the unnecessary institutionalization of intellectual and developmental disabilities by providing a safe, stable environment for them to reside in. We will support their full inclusion and participation in community living, learning and working in their communities throughout their lifetimes. Our second goal is to provide aid such as food, shelter and medical assistance to people in the USA and developing countries.

**ARTICLE IV      MANNER OF ELECTION**

The manner in which the directors are elected and appointed: Through voting

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

Name and Title: Junon Dunbar-Director  
Address: 12250 dawn vista drive  
Riverview, FL. 33578

Name and Title: Gregory Dunbar-President  
Address: 12250 Dawn vista Drive  
Riverview, FL. 33578

Name and Title: Philomena Anderson-Treasure  
Address: 3366 Misty Pond Ct.  
Tarpon Springs, FL. 34688

Name and Title: Gina Ulysse  
Address: 669 Overlook Court  
Jonesboro, GA 30238

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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RECEIVED

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Junon Dunbar  
Address: 12250 Dawn Vista Drive  
Riverview, FL. 33578

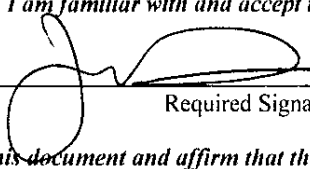
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TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

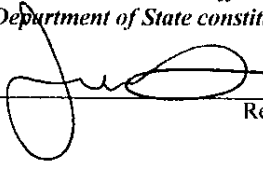
Name: Junon Dunbar  
Address: 12250 Dawn Vista Drive  
Riverview, FL. 33578

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

12/2/13  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

12/2/13  
\_\_\_\_\_  
Date