

7/5000005601

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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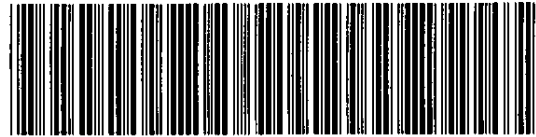
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T. SCOTT



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RECEIVED  
15 JUN -4 PM 4:14  
DIVISION OF CORPORATE AFFAIRS

COVER LETTER

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

SUBJECT: Clearview of Angelcare  
(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: Tammy Lease  
Name (Printed or typed)

40 Bamboo Rd  
Address

Duquoy Fla 32351  
City, State & Zip

(850) 405-5264  
Daytime Telephone number

Clearview of Angelcare  
Angel Care with A Vision  
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: Clear-View of Angelcare, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

40 Barrow St

~~Tallahassee Fla 32308~~

Quincy Fla 32351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: providing care for residents  
on a daily basis. Any and All lawful business

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed  
as stated in bi-Laws

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

Name and Title: Tammy Leese PD Name and Title: Marcus Russ PD

Address: 40 Barrow Rd Address: 40 Barrow Rd  
Quincy Fla 32351 Quincy Fla

Name and Title: Mary Edmond D Name and Title: \_\_\_\_\_

Address: 151 White bluffs Trl Address: \_\_\_\_\_  
Thomasville Rd  
31757

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -4 PM 4:25

APPROVED  
AND  
FILED

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: Timmy L Leason

Address: 40 Barrow St  
Quincy Ha 32351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Timmy L Leason

Address: 40 Barrow St  
Quincy Ha 32351

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Timmy Leason  
Required Signature of Registered Agent

2/4/2015  
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.

Timmy Leason  
Required Signature of Incorporator

2/4/2015  
Date