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COVER LETTER

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

SUBJECT: Safe Home Dath Merding Emptiness Partners Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original a	nd one (1) copy of the Ar	ticles 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 CO	ADV DECHIDED

FROM: Cynthia C. Taylor Safe Home Oath Mending Emptin
501 South Kirkman Land
Octondo, Fl 32861 City, State & Zip
407 - 633 - 8056 - 301 - 209 - 5658 Daytime Telephone number

Lemail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: with Home Ooth Mening emptiness rathers inc.
ARTICLE II PRINCIPAL OFFICE
Principal street address: Mailing address, if different is: 501 South Kirkman Road Sofe Home Ooth Mending Enginess Partner & Eartner &
Orlando, Florida 32861 P.D. Box 616691
Orlando, Florida 32861
ARTICLE III PURPOSE The purpose for which the corporation is organized is: 10 encourage the importance of
knowing your health status, and the necessity of informing
partners of diagnosis. To encourage Consistent treatment
practices. To serve as a resource of learning post and
pre diagnoss. To supply service information (meeting location +
times, and special events) To assil in transition to home
going upon expiration of members.
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: TOHICL MANNER OF
election is bosed of Education /and/or/experience man ill Individuals.
APTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Takeyana Carter Name and Title: Lisa Bronson =
Address 1648 W Holden Ave Address: Secretary ====
Orlando, Fl 32839 3905 Grisson Farkury
Director of Communication CoCoa, Fl 32926
Name and Title: Cynthia A. Taylor Name and Title: Patrica McConnell
Address Director Address: Communication liaison
4603 Candlelight lane
Liverpool, NY 13090
Name and Title: Leola Tayor Name and Title: Cynthia C. Taylor
Address Treasure Address: President
Address: Trestage Address: Trestage 5018, Kirkman Liver pool, NY 13019
Liver pool, NY 13019 Condo, F132861

Name and Title:	Name and Title:	
Address	Address:	
Name and Title:	Name and Title:	
Address	Address:	
		
ARTICLE VI REGISTERED AC	GENT ess (P.O. Box NOT acceptable) of the registered agent	in
(°	a C. Taylor	15.
Name: Sothic	outh Kickman Pol	26 3
		
Detail	0, Fl 32861	FILE -2 ARG
ARTICLE VII INCORPORATO		
The <u>name and address</u> of the Incorp	porator is:	AM II: 44 E. Florid
Name:	ina C Taylor	
Address: P.D.	10, Fl 32861	
ARTICLE VIII EFFECTIVE DA		
Effective date, if other than the date	of filing: (OPT) ate must be specific and cannot be more than five	
Note: If the date inserted in this blo document's effective date on the De	ock does not meet the applicable statutory filing requiespartment of State's records.	irements, this date will not be listed as the
	agent to accept service of process for the above stat ccept the appointment as registered agent and agree	to act in this capacity
upthic C	Signature of Registered Agent	04.27.2017
	-	Date
	that the facts stated herein are true. I am aware that a es a third degree felony as provided for in s.817.155,	
Cunthia	(°· Val	04.27.2017
Requ	uired Signature of Incorporator	Date