

NT8000004763

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

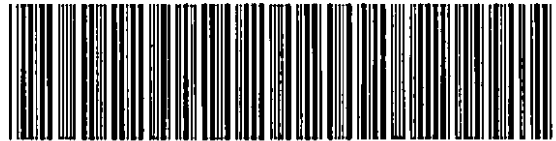
Special Instructions to Filing Officer:

Office Use Only

1/18/2018 25855

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03/12/18--01013--028 \*\*108.75

05/01/18--01017--001 \*\*5.00

2018 APR 30 AM 9:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 16, 2018

ROSA ANN CAMPELLONE  
5100 SEAGRAPE DRIVE  
FORT PIERCE, FL 34982

SUBJECT: SPECIAL CARE SERVICES, INC.  
Ref. Number: W18000025855

We have received your document for SPECIAL CARE SERVICES, INC. and your check(s) totaling \$108.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

As a condition of a conversion, pursuant to s.605.0212(9) & s.605.0212(10), Florida Statutes, the entity must be active and current in filing its annual reports with the Department of State through December 31 of the calendar year in which the conversion is submitted for filing.

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.

Tyrone Scott  
Regulatory Specialist II  
New Filings Section

Letter Number: 118A00007540

# Special Care Services

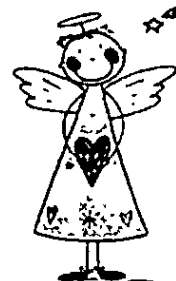
"Special Care for Special People"

5100 Seagrape Drive  
Fort Pierce, FL 34982  
(772) 222-7301 Fax (866) 371-0856  
www.specialcareservices.com

# Fax

Cover Page

Email: [info@specialcareservices.com](mailto:info@specialcareservices.com)



TO: Tyrone Scott	FROM: Rose A. Campellone, MA, GCM, CDP
Florida Department of State	PAGES: 8
FAX: 850-245-6804	DATE: 4/16/2018
PHONE: 850-245-6052	
CC:	
RE: Special Care Services, Inc. (W18000025855)	

## COMMENTS:

<input type="checkbox"/>	Urgent
<input type="checkbox"/>	Please review
<input type="checkbox"/>	Please comment
<input checked="" type="checkbox"/>	For your records

Dear Mr. Tyrone Scott:

As per our conversation last week, I have attached a copy of the forms and documents which were mailed to your attention prior to receiving your mailed rejection notice. A check in the amount of \$5 for the additional fees was also enclosed with that mailing.

Additionally, the annual report for Special Care Services, LLC has been completed for the year per your direction.

I hope this will complete the file for Special Care Services, Inc. .

Should you have any questions, concerns, or issues, please contact me at 772-216-8053.

Thank you,  
Rose Ann Campellone

*The information contained in this facsimile transmission is privileged and confidential and is intended only for the use of the recipient listed above. If you are neither the intended recipient or the employee or agent of the intended recipient responsible for the delivery of this information, you are hereby notified that the disclosure, copying, use or distribution of this information is strictly prohibited. If you have received this transmission in error, please notify us immediately by telephone at 772-222-7301 to arrange for the return of the transmitted documents to us or to verify their destruction. Please contact us to verify receipt of this Fax or to report problems with the transmission.*

*Mailed 3/23/18*

COVER LETTER

TO: Charter Section  
Division of Corporation

SUBJECT: Special Care Services, Inc.  
Name of Resulting Florida Non-Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Non-Profit Corporation" in accordance with s. 617, F.S.

Please return all correspondence concerning this matter to:

Rose Ann Campellone

Contact Person

Firm/Company

5100 Seagrape Drive

Address

Fort Pierce, FL 34982

City, State and Zip Code

rose@specialcareservices.com

Email address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

Rose Ann Campellone

Name of Contact Person

at ( 772 )

222-7301

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount: \$113.75 Filing Fees and Certified Copy

Mailing Address:  
New Filings Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

*additional check  
for \$5 total above.*

**Certificate of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Non-Profit Corporation**

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity" into a Florida Non-Profit Corporation** in accordance with s. 617, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Special Care Services, LLC. - 116 000126539  
Name of Other Business Entity

2. The "Other Business Entity" is a Special Care Services, Inc. first organized, formed or incorporated under the laws of Florida on 07/05/2016

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: \_\_\_\_\_

4. The name of the Florida Non-Profit Corporation as set forth in the **attached Articles of Incorporation**:  
Special Care Services, Inc.

5. If not effective on the date of filing, enter the effective date: 3/1/2018

Signed this 1st day of March, 2018

**Required Signature for Florida Non-Profit Corporation:**

Incorporator: Rose Ann Campellone  
Printed Name: Rose Ann Campellone Title: Chief Executive Officer

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TALLAHASSEE, FLORIDA

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**Required Signature on behalf of Other Business Entity:**

Signature: Rose Ann Campellone  
Printed Name: Rose Ann Campellone Title: Member

## **Articles of Incorporation**

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

### **Article I      Name**

The name of the corporation shall be: **Special Care Services, Inc.,**

### **Article II      Principal Office**

The principal street address is: **5100 Seagrape Drive, Fort Pierce, FL 34982.**

### **Article III      Purpose**

The corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

The corporation seeks to assist seniors and disabled adults maintain their independence and, avoid isolation by providing advocacy, case management, nutritional services, outreach and referrals, as well as adult day care, and home care assistance.

### **Article IV      Manner of Election**

The manner in which the directors are elected or appointed is provided in the bylaws of the corporation.

### **Article V      Initial Directors and/or Officers**

Rose Ann Campellone, President	5100 Seagrape Drive, Fort Pierce, FL 34982
Diana Rizzo, Secretary	2249 SW Matheson Ter, Port St Lucie, FL 34953
Kaitlyn Meehan, Treasurer	637 SW Post Ter, Port St Lucie, FL 34953

### **Article VI      Limitations**

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth in Article III hereof.

No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office.

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TALLAHASSEE, FLORIDA

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Notwithstanding any other provision of these articles, this corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(e)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

#### **Article VII    Dedication of Assets**

Upon the dissolution, termination, or winding up of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by a Court of Competent Jurisdiction of the county in which the principal office of the corporation is then located, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

#### **Article VIII    Initial Registered Agent and Street Address**

The name and Florida street address of the registered agent is: **Rose Ann Campellone, 5100 Seagrape Drive, Fort Pierce, FL 34982.**

#### **Article IX    Incorporator**

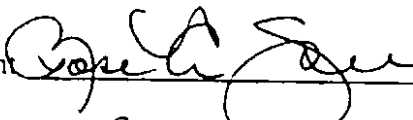
The name and address of the incorporator is: **Rose Ann Campellone, 5100 Seagrape Drive, Fort Pierce, FL 34982.**

#### **Article X    Effective Date**

The effective date, if other than the date of filing, is: **March 1, 2018.**

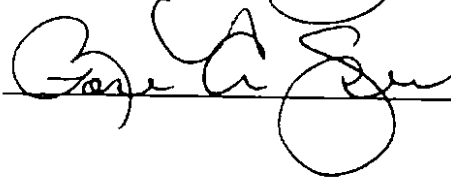
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature of Registered Agent



Date 3/1/18

Signature of Incorporator



Date 3/1/18