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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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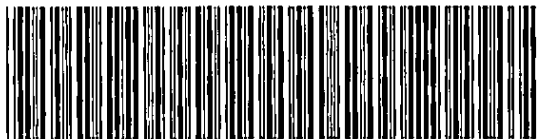
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUN 20 2018

## COVER LETTER

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

**SUBJECT:** CAREGIVER ALLIANCE NETWORK, 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: Marc Miles  
\_\_\_\_\_  
Name (Printed or typed)

230 Tamiami Trail S. Ste. 1  
\_\_\_\_\_  
Address

Venice, FL 34285  
\_\_\_\_\_  
City, State & Zip

941-484-8280  
\_\_\_\_\_  
Daytime Telephone number

mmiles@marcmileslaw.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: Caregiver Alliance Network, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
5326 WellFleet Drive N

Sarasota, FL 84241

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide Health, Hope and Emotional Healing through complimentary caregiver solutions

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: From By-Laws

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

Name and Title: Jodi Yardman, Director

Address: 217 Chippewa Drive  
Savannah, GA 31406

Name and Title: Steve Breakstone, Director

Address: 3231 E Forest Lake Dr  
Sarasota, FL 34232

Name and Title: Keeley Bond D

Address: 1630 Bayswater Cresr Unit 21  
London, Ontario N60-A9

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

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

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

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

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

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: Marc J. Miles  
Address: 230 Tamiami Trail S. Ste. 1  
Venice, FL 34285

**ARTICLE VII INCORPORATOR**

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

Name: Marc Miles  
Address: 230 Tamiami Trail S. Ste. 1  
Venice, FL 34285

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: June 7, 2018. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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*

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

6/8/18  
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

6/8/18  
Date

2018 JUN 18 AM 10:06  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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