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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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TALLAHASSEE, FL

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**FLORIDA PROFIT/NON PROFIT CORPORATION
RIGHT CHOICE RESOURCE & REFERRAL CENTER CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

ARTICLE I NAMEThe name of the corporation shall be: Right Choice Resource & Referral Center Corp.**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:590 Rinehart Rd unite 6 lakelake mary 32746

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To help familys get the Resource needed.Dedicated to service
for Adults and those with developmental disabilities. Our program, include home care, chore, care management,
Repite, Adult Day Care, Advocacy and much more.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:Appointed**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Renee Gonzalez President

Name and Title: _____

Address 91 eastern fork

Address: _____

longwood fl 32750Name and Title: Andrew Gonzalez Vice President

Name and Title: _____

Address 91 eastern fork

Address: _____

longwood fl 32750

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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: Renee Gonzalez
 Address: 590 Rinehart Rd unit 6 lake
lake mary 32746

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Renee Gonzalez
 Address: 590 Rinehart Rd unit 6 lake
Lake Mary 32746

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
 9-23-2019
 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.817.133, F.S.

 Signature of Incorporator
 9-23-2019
 Date

FILED
 2019 SEP 24 AM 9:51
 SECRETARY OF STATE
 PALM BEACH, FL.