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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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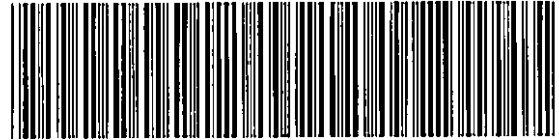
(Business Entity Name)

(Document Number)

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

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## COVER LETTER

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

SUBJECT: AGEWELL ADULT DAYCARE SERVICES, 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: SHARON SMITH  
\_\_\_\_\_  
Name (Printed or typed)  
  
1236 NW 16TH STREET  
\_\_\_\_\_  
Address  
  
HOMESTEAD, FL 33030  
\_\_\_\_\_  
City, State & Zip  
  
305-508-8013  
\_\_\_\_\_  
Daytime Telephone number  
  
sharondsmith16@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

2023  
11 AM 10:10  
11/10/23

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: GINA SMITH  
Address: 160 NW 9TH AVENUE  
FLORIDA CITY, FL 33034

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: SHARON SMITH  
Address: 1236 NW 16TH STREET  
HOMESTEAD, FL 33030

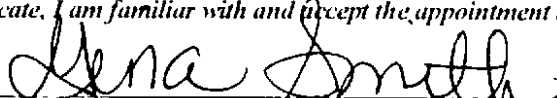
**ARTICLE VIII EFFECTIVE DATE:**

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 days prior or 90 days after the filing.)

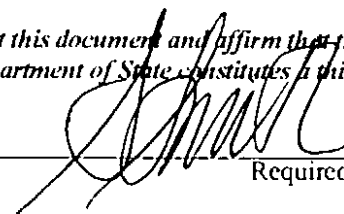
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

03/12/2023  
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

3/12/2023  
Date

FILED  
MAR 17 AM 10:10  
CLERK OF THE  
DEPARTMENT OF  
STATE

Article \_\_IX\_\_.

Said 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.

Article \_X\_\_\_\_\_.

Upon dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of the 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 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.

In witness whereof, we have hereunto subscribed our names

this \_\_First\_\_\_\_\_ day of \_\_\_\_\_ March \_\_\_\_\_, \_\_2023.

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FBI  
11:00 AM  
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be: AGEWELL ADULT DAYCARE SERVICES, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:  
1236 NW 16TH STREET

Mailing address, if different is:

HOMESTEAD, FL 33030

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: AGEWELL ADULT DAYCARE SERVICES, INC. WILL PROVIDE A  
RESIDENT CENTERED ASSISTED LIVING/DAYCARE AND COMFORTABLE ENVIRONMENT FOR SENIORS AND  
AGING ADULTS. OUR HOLISTIC APPROACH TO CARING FOR OUR CLIENTS WILL INCLUDE ADDRESSING THEIR  
PHYSICAL, EMOTIONAL, MENTAL AND SOCIAL NEEDS.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: by majority vote.

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

Name and Title: SHARON SMITH/CEO

Address: 1236 NW 16TH STREET  
HOMESTEAD, FL 33030

Name and Title: KEISHA JOHNSON/SEC.

Address: 441 NE 2ND TERRACE #106  
FLORIDA CITY, FL 33034

Name and Title: SANDRA WELCH/BOARD

Address: 865 DAVIS PARKWAY  
FLORIDA CITY, FL 33034

Name and Title: BRONDA HUDSON/BOARD

Address: 11353 SW 227 TERRACE  
MIAMI, FL 33034

Name and Title: GINA SMITH/TREAS.

Address: 160 NW 9TH AVENUE  
FLORIDA CITY, FL 33034

Name and Title: KENIA CARPENTER/BOARD

Address: 11271 SW 45TH MANOR # 207  
MIRAMAR, FL 33025

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