

N9600000 3723

TRANSMITTAL LETTER

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

200001893592
-07/16/96--01007--001
****122.50 ****122.50

SUBJECT: Big Bend Center for Human 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
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy

FROM: Glenn Simmons
Name (Printed or typed)

777 Old Bethel Rd
Address

Tallahassee, FL 32327
City, State & Zip

926-8556
Daytime Telephone number

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 JUL 15 PM 3:37

Will wait

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

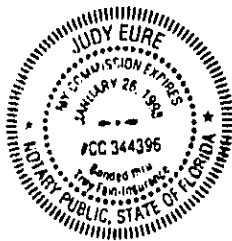
SAS
7/15/96

July 15, 1996

I Glenn Simmons hereby agree Not
to attempt to revoke or reinstate the
Dissolution of Big Bend Center for Human
Services INC. # P94000074664

Glenn Simmons

FLA. Drivers License # 5552-667-49-215-0



ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

ARTICLE I

Name

The name of the corporation shall be:

Big Bend Center for Human Service, INC.

ARTICLE II

Principal place of business and mailing address

The principal place of business and mailing address of this corporation shall be:

*777 Old Bethel Rd.
Crawfordsville IN 46032*

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ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):

*The purpose of BBCHS is to
assist certain clients in the community
in maintain their independence.*

ARTICLE IV

Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

*pertaining and in accordance to the
bylaws of this corporation*

ARTICLE V

Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

N/A

ARTICLE VI

Initial registered agent and street address

The name and the street address of the initial registered agent is:

Glenn Simmons
P.O. Box 592 Crawfordville
777 Old Bethel Rd
Crawfordville

ARTICLE VII

Incorporators

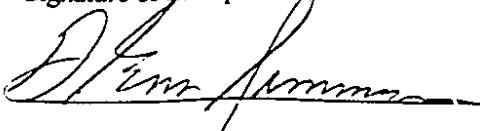
The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

Glenn Simmons
P.O. Box 592
Crawfordville Fl.

The undersigned incorporator has executed these Articles of Incorporation this 15 day of July, 1996.

(An additional article must be added if an effective date is requested)

Signature of Incorporator



Typed name of incorporator signing

Notarization is not required

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

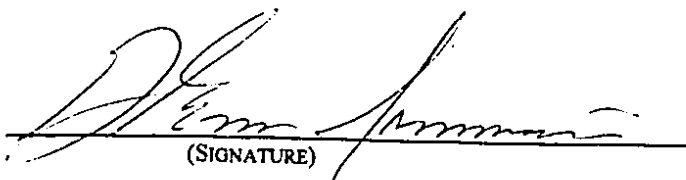
Big Bend Center for Human Services INC.
(must include suffix)

2. The name and address of the registered agent and office is:

Glenn Sirmions
(NAME)
277 Old Bethel Rd
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
Crawfordsville, IL 32327
(CITY/STATE/ZIP)

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(SIGNATURE)

7/15/96
(DATE)