

N9600000 5280

TRIN HALL
931 NW 179 TERR.
MIAMI FL 33169

City/State/Zip Phone #

305-770-4604

Office Use Only

RECEIVED
OCT 14 11:18 AM '96

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. South Florida Adult Family Care Providers, Inc
(Corporation Name) (Document #)

2. 500001973305--9
(Corporation Name) (Document #)
-10/15/96--01012--016
****122.50 ****122.50

3. (Corporation Name) (Document #)

4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

notified
Jana
addition of
manner of election
to art. III
10/15

Examiner's Initials

ARTICLES OF INCORPORATION

SECRET
CLASIFIED BY 100
96 OCT 14 PM 1:15
CROSS REFERENCE
CROSS REFERENCE

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida not-for-profit Corporation Act, hereby adopt (s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: South Florida Adult Family Care-Providers, Inc.

ARTICLE II PRINCIPAL OFFICE

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

921 NW 179 Terrace
Miami, Fl. 33169.

ARTICLE III MANNER OF ELECTION

The manner of election of the directors shall be as provided in the bylaws.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ernestine Hall

921 NW 179 Terrace

Miami Fl. 33169.

ARTICLE V INCORPORATOR(S)

The name(s) and address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Ernestine Hall 921 NW 179 Terrace, Miami Fl 33169

ARTICLE VI PURPOSE

The purpose of this corporation is to provide support for the elderly, disabled adults in various communities as well as the care-givers for these individuals.

ARTICLE VII- DISSOLUTION

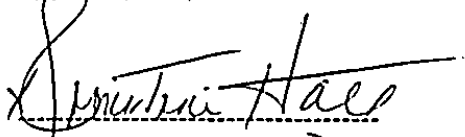
In the event of dissolution all the residual assets of the corporation shall be passed on to another non profit organization exempt under IRS code section 501 C(3).

ARTICLE VIII- OFFICERS

The names and addresses of the initial board of directors are:

President	Ernestine Hall	921 NW 179 Terrace, Miami Fl. 33169.
Vice President	Cebert Williams	921 NW 179 Terrace, Miami Fl. 33169.
Secretary	Marie Tillman	12320 NW 18th Ct., Miami Fl. 33167.

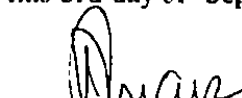
The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 9th day of October 1996.


Signature 2

Signature

Signature

Sworn to and subscribed to me this 3rd day of September 1996.


Notary Public

D V MARSH



OFFICIAL NOTARY SEAL
D V MARSH
COMMISSION NO. CC558000
MY COMMISSION EXP. JUNE 21, 2000

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

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: South Florida Adult Family Care-Providers, Inc.
(A Non Profit Corporation)
2. The name and address of the registered agent and office is:

Ernestine Hall

921 NW 179 Terrace

Miami, FL 33169.

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 and accept the obligations of my position as registered agent.

Signature

2

Date

56 OCT 14 PM 1:55
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10/9/96