N96000005499

Requestor's Name

NORTHSIDE ACCOUNTING & TAX SERVICE, INC.
5411 SOUTEL DRIVE
JACKSONVILLE, FLORIDA 32219
(904) [illegible]

City/State/Zip Phone #

500001985475--6
-10/25/96--01017--022
****127.00 ****127.00

Office Use Only

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #)
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
	Profit
	NonProfit
	Limited Liability
	Domestication
	Other

	AMENDMENTS
	Amendment
	Resignation of R.A., Officer/ Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

	OTHER FILINGS
	Annual Report
	Fictitious Name
	Name Reservation

	REGISTRATION/ QUALIFICATION
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

FILED
96 OCT 21 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 28 1996

CR2E033(1/95)

Examiner's Initials	

FILED

ARTICLES OF INCORPORTATON 99 OCT 25 PM 1:14

Care Haven Services, INC.

The undersigned, acting as incorporator(s) of a corporation pursuant to Chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation: THIS IS A NON-PROFIT CORPORATION.

ARTICLE I
NAME

The name of the corporation shall be: Care Haven Services, Inc.

ARTICLE II
Principal place of business and mailing address

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

8051 Waxwing Ave.
Jacksonville, FL 32219

ARTICLE III
Purpose(s)

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

To provide service to person with developmental disabilities such as Group Home. See Attached HRS Certificate.

ARTICLE IV
Manner of election of directors

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

Appointed : See By-Laws

ARTICLE V
Limitation of corporate powers

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

N/A

ARTICLE VI
Initial registered agent and street address

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

Grover D. Daniels
5411 Soutel Dr.
Jacksonville, FL 32219

ARTICLE VII
Incorporators

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

Susie Jones President
8051 Waxwing Ave.
Jacksonville, FL 32219

Carol Monroe- V. President
Dorothy Harper- Sec/tres

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 15th day of October, 1996.

Signature(s) of Incorporator(s):

Susie E. Jones

Susie Jones

Typed name of incorporator signing

Carol L. Monroe

Carol L. Monroe

Typed name of incorporator signing

Dorothy J. Harper

Dorothy J. Harper

Typed name of incorporator signing

CERTIFICATE OF DESIGNATION OF

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 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: Care Haven Services Inc.

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

Grover D. Daniels
(Name)

5411 Soutel Drive
(P.O. Box not acceptable)

Jacksonville, Fl 32219
(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.

Grover D. Daniels
(Signature)

10/8/96
(Date)

DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

STATE OF FLORIDA

HRS

DEPARTMENT OF HEALTH AND REHABILITATIVE SERVICES

DEVELOPMENTAL SERVICES PROVIDER CERTIFICATE

This certifies that SUSIE E. JONES *is authorized*

to provide:

Personal Care Assistance

Residential Habilitation

Respite Care

Transportation

Chore Services

[signature]

Operations and Management Consultant II

Feb 5, 1996

Date

This certificate is valid: February 1, 1996

IV

HRS District

ABC Vendor ID Number VS 263 648 839 001

HCBS Number (if applicable) 674 598 996

CSLA Medicaid Provider Number (if applicable) _____

Recertification