

# N 99000003450

## TRANSMITTAL LETTER

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

900002881559--6

-05/20/99-01032--004

\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: HCLS, 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: Lorna Beach-Allen, B.A.  
Name (Printed or typed)

18800 NW 2nd Avenue, STE. #219D  
Address

Miami, FL 33169  
City, State & Zip

(305) 655-1473 or 655-2555  
Daytime Telephone number

99 JUN -4 PM 3:45  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

6-4-99  
3



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

May 25, 1999

LORNA BEACH-ALLEN, B.A.  
18800 NW 2ND AVE., STE. 219D  
MIAMI, FL 33169

SUBJECT: HOUSEHOLD CLEANING AND LAUNDRY SERVICES (HCLS), INC.  
Ref. Number: W99000012190

We have received your document for HOUSEHOLD CLEANING AND LAUNDRY SERVICES (HCLS), INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6924.

Sharon L Philman  
Document Specialist Supervisor

Letter Number: 299A00028822

# ARTICLES OF INCORPORATION

The undersigned incorporator, 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:

HCLS, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

18800 NW 2nd Avenue., Suite 219D

Miami, FL 33169

## ARTICLE III PURPOSE(S)

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

To provide comprehensive services to under-served populations, and to people with disabilities, particularly in the field of HIV/AIDS.

## ARTICLE IV MANNER OF ELECTION OF DIRECTORS

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

THE METHOD OF ELECTION OF DIRECTORS IS AS STATED IN THE BYLAWS.

## ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Beverly Green  
18800 NW 2nd Ave. Ste. 206  
Miami, FL 33169

## ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Lorna Beach-Allen, B.A.  
H.C.L.S.  
18800 NW 2nd Avenue, Suite 219D, Miami, FL 33169

Lorna Beach-Allen, B.A.  
Signature/Incorporator

5/17/99  
Date

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

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.

Beverly Green  
Signature/Registered Agent

5/17/99  
Date

FILED  
99 JUN -4 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA