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Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 OI MAY IO AM 9: 32
SECRETARY OF STATE
TALL AHASSEE FOR STATE

SUBJECT: HADLEY - ALISE SUPPORTS AND SERVICES, INC.

100004193131--1 -05/10/01--01067--019 *****78.75 ******78.75

Enclosed is an origina	al and one(1) copy of the article	es of incorporation and a	check for:
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of
		ADDITIONAL COPY REQUIRED	
FROM:	Debra A. McGowan Name (Printed or typed)		
8627 Shenna Ct.			
	Orlando, FL 32818 City, State & Zip		
	407-578-	2737	

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

Daytime Telephone number

P4/01/

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) The name of the corporation shall be:

HADLEY-ALISE SUPPORTS AND SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

8627 Shenna CT. Orlando, FL 32818

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE ASSISTANCE AND SERVICES TO DISABLED INDIVIDUALS.

ARTICLE IV SHARES

The number of shares of stock is:

1,000

V <u>INITIAL OFFICERS DIRECTORS (optional)</u>

The name(s) and address(es):

Debra A. McGowan, 8627 Shenna Ct., Orlando, FL 32818,

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