

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

SUBJECT:	Charity Co	mmunity	Services		1
Enclosed is an origin	(PROPOSED CORPORA		SECRETAL		
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL O	\$87.50 \$\frac{1}{2} \\ Filing Fee \(\) Certified Copy & Certificate of Status	AT BY UP RE	
FROM	$\frac{1}{2}$ Name (Pr	Landur inted or typed)	MANT OF STATE A COMPOSATIONS ASSET, LORIDA	ECEIVED	
	City, S	JLA 3C	1478		
	(352) SQ Daytime Te	1-7574 lephone number			•

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



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)		,
ARTICLE I NAME The name of the corporation shall be: Chavity Community Services I	\sim c	-
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 23U5 M.W USW 67 P.O.BOX ARTICLE III PURPOSE	_	8
The purpose for which the corporation is organized is:	*	
ARTICLE IV SHARES The number of shares of stock is:	SECRETARY CF	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s):	AM 8: 40 Y CF STATE EE, FLORIDA	<u> </u>
TORA Tennille Collins 2345 N.W USth Ave OCOLO, FLA 34475		
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:		-
MANY Alexander 23US N.W USAN ST OCOLO FLA 34475 ARTICLE VII INCORPORATOR		
The name and address of the Incorporator is: 1		
Donin XA BUUYS		

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capac		in titts
Mary alexander 5-10	0-02	
Signature/Registered Agent Date		