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TRANSMITTAL LETTER

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

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-06/12/02--01037--006
*****87.50 *****87.50

SUBJECT: Absolute Care and Habilitative Services, Inc.
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are 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 of Status

ADDITIONAL COPY REQUIRED

FROM: Sekinat O. Fashola
Name (Printed or typed)

7210 N. Manhattan Ave. Apt.# 1114
Address

Tampa, Fl 33614
City, State & Zip

(813) 748-6036
Daytime Telephone number

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 JUN 12 AM 9:42

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

F. GHESSER JUN 13

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:

Absolute Care and Habilitative Services Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7210 N. Manhattan Ave. Apt #1114
Tampa, Fl 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing Services for individuals with developmental disabilities

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Sekinat O. Fashola, 7210 N. Manhattan Ave. Apt #1114
Tampa, Fl 33614, CEO
Jessie J. McNeil, 7210 N. Manhattan Ave. Apt #1114
Tampa, Fl 33614, VICE PRESIDENT

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** of the registered agent is:

Sekinat O. Fashola
7210 N. Manhattan Ave. #1114
Tampa, Fl 33614

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Sekinat O. Fashola
7210 N. Manhattan Ave #1114
Tampa, Fl 33614

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TALLAHASSEE, FLORIDA

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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

Sekinat O. Fashola
Signature/Registered Agent

6/10/02
Date

Sekinat O. Fashola
Signature/Incorporator

6/10/02
Date