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SECRETARY OF STATE
AFLAHASSEE FLORIDA



TRANSMITTAL LETTER

Division of Corporar P. O. Box 6327 Tallahassee, FL 323	tions		- -
SUBJECT: Bro	own's Adult Family Care Hor (PROPOSED CORPORA	ne TOC TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	Caron Brown Name (Printed or typed)		
-	5946 Painted Pony Drive	Address	
-	Jacksonville, FI 32244	State & Zip	
-	(904) 381-4839	elephone number	

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

The name of the corporation shall be:

Brown's Adult Family Care Home / Table .

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

5946 Painted Pony Drive Jacksonville, Fl 32244

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Any and all lawful business

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):

Caron Brown, President 5946 Painted Pony Drive Jacksonville, FI 32244

REGISTERED AGENT ARTICLE VI

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

Caron Brown 5946 Painted Pony Drive Jacksonville, FI 32244

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Caron Brown 5946 Painted Pony Drive Jacksonville, Fl 32244

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, Lam familiar with and accept the appointment as registered agent and agree to act in this capacity

Signature/Registered Agent

10-23-02 Date

Signature/Incorporator