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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

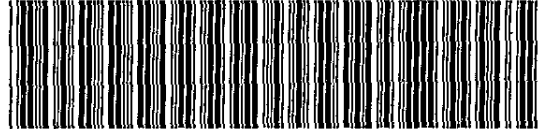
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2003 AUG -1 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08-26-03  
10

## TRANSMITTAL LETTER

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

SUBJECT: D & D SPECIAL CARE SERVICE, 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: ERVIN HUDSON  
Name (Printed or typed)

5245 NW 96th AVE  
Address

SUNRISE FL 33351  
City, State & Zip

954-581-4844 or 954-895-2104  
Daytime Telephone number

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

2003 AUG - 1 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:  
D & D SPECIAL CARE SERVICE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:  
5760 NW 40<sup>th</sup> TERRACE  
COCONUT CREEK, FL. 33073

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
NURSING HOME FACILITY

**ARTICLE IV SHARES**

The number of shares of stock is: 1000

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s) and address(es):  
DAPHNIE BROWN - 5351 NW 106<sup>th</sup> Dr. CORAL SPRINGS, FL. 33076 - PRESIDENT  
DAHLIA BROWN - 5351 NW 106<sup>th</sup> Dr. CORAL SPRINGS, FL. 33076 - DIRECTOR

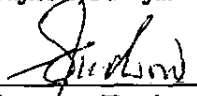
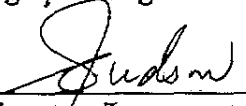
**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
ERVIN HUDSON  
5245 NW 96<sup>th</sup> AVE  
SUNRISE FL. 33351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:  
ERVIN HUDSON  
5245 NW 96<sup>th</sup> AVE  
SUNRISE, FL. 33351

\*\*\*\*\*  
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

 _____ Signature/Registered Agent	<u>7-14-03</u> _____ Date
 _____ Signature/Incorporator	<u>7-14-03</u> _____ Date