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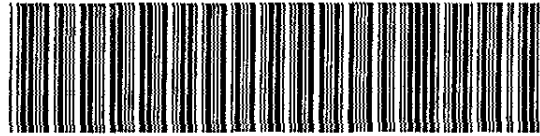
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2004 FEB 17 P 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

TRANSMITTAL LETTER

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

SUBJECT: Bethesda Adult Family Care Home, Inc
(Proposed corporate name must include suffix)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

<input type="checkbox"/> \$70.00	<input checked="" type="checkbox"/> \$78.75	<input type="checkbox"/> \$122.50	<input type="checkbox"/> \$131.25
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
	Certified Copy		
	& Certificate	& Certified Copy	& Certificate

FROM: Nevlin Dennison
Name (Printed or typed)

7860 NW 10 St
Address

Plantation, Florida 33322
City, State & Zip

954 577-2912
Daytime Telephone number

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

ARTICLES OF INCORPORATION
of
Bethesda Adult Family Care Home, Inc.

FILED

The undersigned, acting as incorporator of a corporation in compliance with Chapter 607 and / or Chapter 621, F.S. (Profit) 2004 FEB 17 P 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES I

The names of the corporation, shall be:
Bethesda Adult Family Care Home, Inc

ARTICLES II

Principle business address, 7860 NW 10 St, Plantation, Fl. 33322

Mailing address:
Same

ARTICLES III

The Purpose for which the corporation is organized is:
An Adult Family Care Home

ARTICLE IV

The number of shares of stock is:
100

ARTICLE V

The initial board of directors shall consist of at least five (3) members. Who need not be residents of the State of Florida.

Nevlin Dennison - President, Treasurer, Secretary
7860 NW 10 St
Plantation, Fl 33322

Nevlin Dennison
President, Incorporator

Date 2-12-04

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

FILED

Pursuant to the provisions of sections 607 0501 or 617 0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida

2004 FEB 17 P 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the corporation is

Bethesda Adult Family Care Home, Inc

2. The name and address of the registered agent and office

(NAME)

Nevlin Dennison

(P O BOX NOT ACCEPTABLE)

7860 NW 10 St

(Address)

Plantation, Florida 33322

(City, State & Zip)

Having been named as registered agent *and* to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as the registered agent.

SIGNATURE

Nevlin Dennison

DATE 2.10.04