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TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 2004 MAR TO PM 4: 54
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| ed are an orio | inal and one (1) copy of the ar | ticles of incorporation and | 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 | |
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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: TURNER COMMUNITY CONNECTIONS, INC. 2004 MAR 10 PM 4: 54 Eight of STATE TALLAHASSEE FLORIDA ARTICLE II PRINCIPAL OFFICE 209 HAMMOCK PINE BLVD The principal place of business/mailing address is: CLEARWATER, FL 33761 ARTICLE III **PURPOSE** The purpose for which the corporation is organized is: TO ACT AS A SUPPORT CARE COORDINATOR FOR SPECIAL NEEDS INDIVIDUALS. ARTICLE IV SHARES 100 SHARES The number of shares of stock is: INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): DORIS TURNER, SECRETARY BETH BRADLEY, TREASURER DEBORAH TURNER, PRESIDENT 209 HAMMOCK PINE BLVD 209 HAMMOCK PINE BLVD 209 HAMMOCK PINE BLVD. CLEARWATER, FL 33761 CLEARWATER, FL 33761 CLEARWATER, FL 33761 ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: DEBORAH TURNER 209 HAMMOCK PINE BLVD CLEARWATER, FL 33761 ARTICLE VII <u>INCORPORATOR</u> The <u>name and address</u> of the Incorporator is: DEBORAH TURNER 209 HAMMOCK PINE BLVD CLEARWATER, FL 33761

Signature/Incorporator

Delorah (i

Signature/Registered Agent

DEBORAH TURNER

DEBORAH TURNER

certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this

Date

Date