

POS000046529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

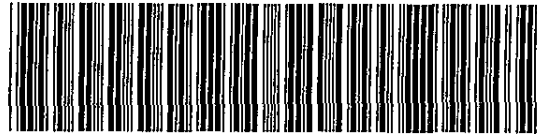
(Business Entity Name)

(Document Number)

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

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08/22/05--01068--003 \*\*78.75

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08/22/05 PM 1:30

TRANSMITTAL LETTER

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

SUBJECT: JOAN'S 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:

☐ \$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: JOAN W. LEOTAUD  
Name (Printed or typed)

6330 NW 44TH AVENUE  
Address

COCONUT CREEK, FL 33073  
City, State & Zip

954-570-3389  
Daytime Telephone number

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

FILED  
05/08/22 PM 1:30  
TALLAHASSEE, FL 32314

**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:

JOAN'S HOME, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6330 NW 44TH AVENUE  
COCONUT CREEK, FL 33073

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

LICENSED ADULT FAMILY CARE HOME.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s):

JOAN W. LEOTAUD, PRESIDENT  
6330 NW 44TH AVENUE  
COCONUT CREEK, FL 33073

**ARTICLE VI REGISTERED AGENT**

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

JOAN W. LEOTAUD  
6330 NW 44TH AVENUE  
COCONUT CREEK, FL 33073

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JOAN W. LEOTAUD  
6330 NW 44TH AVENUE  
COCONUT CREEK, FL 33073

\*\*\*\*\*

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

Joan W. Leotaud

Signature/Registered Agent

3-14-05

Date

Joan W. Leotaud

Signature/Incorporator

3-14-05

Date

FILED  
MAR 22 PM 1:30  
CLERK OF CIRCUIT COURT  
JANUARY 2006