

POS0000063853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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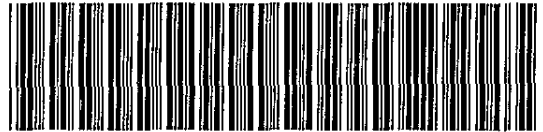
(Business Entity Name)

(Document Number)

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04/07/05--01034--014 \*\*78.75

FILED  
CLERK OF STATE  
DIVISION OF INFORMATION  
05 MAY -2 AM 8:13

W05-18728

TRANSMITTAL LETTER

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

SUBJECT: MEL & NEL Adult Family HOME CARE, 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: MRS. MERLE E. NELSON  
Name (Printed or typed)

658 WAYCROSS Rd. S.W.  
Address

PALM Bay FL 32908  
City, State & Zip

(321) 768 984 2637  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 13, 2005

MERLE E NELSON  
658 WAYCROSS RD SW  
PALM BAY, FL 32908

SUBJECT: MEL & NEL ADULT FAMILY HOME CARE, INC  
Ref. Number: W05000018728

We have received your document for MEL & NEL ADULT FAMILY HOME CARE, INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight  
Document Specialist  
New Filings Section

Letter Number: 905A00025293

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 MAY -2 AM 8:13

**ARTICLE I NAME**

The name of the corporation shall be:

MEL & NEL ADULT FAMILY HOME CARE, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

658 WAYCROSS Rd. S.W. PALM BAY, FL 32908

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ADULT NURSING 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):

MERLE E. NELSON 658 WAYCROSS Rd. S.W. PALM BAY, FL 32908  
PRESIDENT

NOEL NELSON 658 WAYCROSS Rd. S.W. PALM BAY FL 32908 VICE-PRESIDENT

MERLE E. NELSON 658 WAYCROSS Rd. S.W. PALM BAY FL 32908, SECRETARY

NOEL NELSON 658 WAYCROSS Rd S.W. PALM BAY FL 32908 TREASURER

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Register Agent Merle E Nelson I accept duties as  
658 Waycross Rd SW. Palm Bay FL 32908 Register Agent at

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MERLE. E. NELSON 658 WAYCROSS Rd. S.W. PALM BAY FL 32908

\*\*\*\*\*  
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

Merle E Nelson  
Signature/Registered Agent

04-28-05  
Date

Merle E Nelson  
Signature/Incorporator

03-31-05  
Date