

P05000063907

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

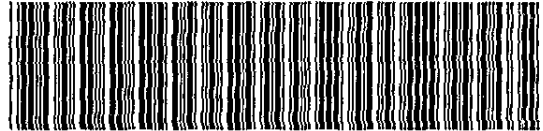
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/29/05--01010--019 **78.75

FILED
05 APR 29 AM 9:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Ponce Adult Family 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lancaster Tax Service, Inc
Name (Printed or typed)

705 W. Lancaster Rd.
Address

Orlando, FL 32809
City, State & Zip

407-857-5229
Daytime Telephone number

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)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Ponce Adult Family Care, Inc

05 APR 29 AM 9:07

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

7224 Jaffery Ct.
Orlando, Fl 32835

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Adult Family Care

ARTICLE IV SHARES

The number of shares of stock is:

10,000 shares at a par value of \$1.00 each.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Carmen Ponce (President)	Marcello Berenato (Vice President)
7224 Jaffery Ct.	7224 Jaffery Ct.
Orlando, Fl 32835	Orlando, Fl 32835

ARTICLE VI REGISTERED AGENT

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

Carmen Ponce (Registered Agent)
7224 Jaffery Ct.
Orlando, Fl 32835

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Carmen Ponce (Incorporator)
7224 Jaffery Ct.
Orlando, Fl 32835

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

Carmen Ponce
Signature/Registered Agent

04-07-2005
Date

Carmen Ponce
Signature/Incorporator

04-07-2005
Date