

P060000 43519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

(Business Entity Name)

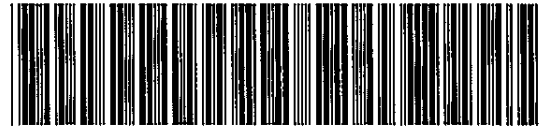
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06 MAR 27 PM 1:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

06 MAR 27 PM 12:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

CB 3-27-06

## COVER LETTER

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

SUBJECT: Catherine's House, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Temeka Bruce  
Name (Printed or typed)

6595 Damon Cir.  
Address

Tallahassee, FL 32304  
City, State & Zip

(850) 575-8810 (office)  
Daytime Telephone number

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

06 MAR 27 PM 1:02

## **ARTICLE OF INCORPORATION**

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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I      Name**

This Corporation shall be named "Catherine's House, Inc"

### **ARTICLE II      PRINCIPAL OFFICE**

6595 Damon Circle  
Tallahassee, Florida 32304  
Telephone Number: (850) 575-8810 Office  
(850) 575-6747 Fax

### **ARTICLE III      PURPOSE**

**Mission Statement:** We inspire and generate resources to improve the health status and enhance the quality of life for our residents of compassionate care of body, mind, and spirit for all people we serve in Tallahassee, Florida and surrounding cities upon opening and caring for your love ones to enjoy with others individual with the ability to take care of themselves with some supervision. Additionally, while utilizing the professional workforce in our home, community based services; as well as, administrative support, we shall achieve in providing excellence care for our residents, regardless of the individual's we offer services to.

**Vision Statement:** We will build a several houses around the state to accomplish our mission statement. Our desire is to have a place for your love ones to live in a home environment and to continue their independency.

### **ARTICLE IV      SHARES**

The number of shared is 100  
Temeka Bruce 51%  
Melinda Gaymon 20%  
Chiquita Williams 20%  
9% to be distributed later

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

Temeka Bruce, Director & Secretary  
Melinda Gaymon, President & Treasure  
Chiquita Williams, Vice-President

**ARTICLE VI REGISTERED AGENT**

Thyrone Price  
9345 Shumard Drive  
Tallahassee, FL. 32305  
Telephone Number: (850) 421-1282 Home  
(850) 591-1572 Cell  
(850) 421-8587 Fax

**ARTICLE VII INCORPORATION**

6595 Damon Circle  
Tallahassee, Florida 32305  
Telephone Number: (850) 575-8810 Office  
(850) 575-6747 Fax

.....  
Having been named as registered agent to accept service of process for the above stated corporation at the place designation in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

  
\_\_\_\_\_  
Signature/Registered Agent

3-27-06  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

3/27/06  
\_\_\_\_\_  
Date