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SECRETARY OF STATE OF OF AN 8: 22

TRANSMITTAL LETTER

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

SUBJECT: Revelation (PROPOSED C	is Direct Care, Inc Corporate name-must include suffi	x)
Enclosed are an original and o	one (1) copy of the articles of incorporation	and a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	·
FROM: WANDAR B	AKER Name (Printed or typed)	
1000 N. D STI	REET Address	
PENSACOLA	, FL 32501 City, State & Zip	
<u>850-434-5004</u>	Daytime Telephone Number	n garage en

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)

SECRETARY OF STATE DIVISION OF CORPORATIONS

Article I Name

The name of the corporation shall be: REVELATIONS DIRECT CARE, INC.

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Article II Principal Office

The principal place of business/mailing address is: 1000 N. D. STREET PENSACOLA, FL 32501

S-15-06

Article III Purpose

The purpose for which the corporation is organized is:

PROVIDE SERVICES TO PEOPLE WITH DEVELOPMENTAL DISABILITIES AND ANY OTHER LAWFUL BUSINESS

Article IV Shares

The number of shares of stock is: 2000

Article V Initial Officers and/or Directors

RAMA M. JOHNSON – PRESIDENT 821 N. A STREET PENSACOLA, FL 32501

WANDA R. BAKER – VICE PRESIDENT 1000 N. D STREET PENSACOLA, FL 32501

Article VI Registered Agent

WANDA R BAKER 1000 N. D. STREET PENSACOLA, FL 32501

Article VII Incorporator

WANDA R BAKER 1000 N. D. STREET PENSACOLA, FL 32501

Article VIII Date Incorporation to be Effective

AUGUST 15, 2006

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.

Signature/Registered Agent

Signature/Incorporator

Date

Date