

PO7000083971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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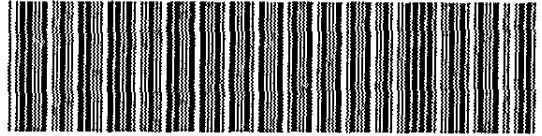
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*RK*

## COVER LETTER

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

SUBJECT: Christishan 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: Christina Johnson  
Name (Printed or typed)

320 NW 145 Street  
Address

Miami Florida 33168  
City, State & Zip

786-423-5478  
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)

## ARTICLE I NAME

The name of the corporation shall be:

Christishan Care, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

320 NW 145 Street  
Miami FL 33168

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide comprehensive care for children, youth and adults in group home setting

## ARTICLE IV SHARES

The number of shares of stock is:

10

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Christina Johnson, 320 NW 145 Street, Miami FL33168- President/ Treasurer/Secretary  
Samantha Johnson, 320 NW 145 Street, Miami FL 33168- Vice President

## ARTICLE VI REGISTERED AGENT

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

Christina Johnson  
320 NW 145 Street  
Miami FL 33168

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christishan Care, Inc.  
320 NW 145 Street  
Miami FL 33168

\*\*\*\*\*

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

CHRISTINA JOHNSON

Date

7-20-07

Signature/Incorporator

CHRISTINA JOHNSON

Date

7-20-07

FILED

07 JUL 25 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA