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CSH SERVICES

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To: Division of Corporations  
Fax Number : (850)617-6381

From:  
Account Name : CSH SERVICES, LLC  
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Phone : (800)494-3124  
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DIVISION OF CORPORATION

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**FLORIDA PROFIT/NON PROFIT CORPORATION**

**DAWN'S ADULT FAMILY HOME CARE, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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**4/18**

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## **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:

DAWN'S ADULT FAMILY HOME CARE, INC.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address is:

10310 NW 24TH COURT  
SUNRISE, FLORIDA 33322

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

### **ARTICLE IV SHARES**

The number of shares of stock is:

1500 COMMON SHARES PAR VALUE \$0.01

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

The name(s), address(es), and title(s) of the directors and officers is/are:

PRESIDENT:

JEAN PINNOCK

10310 NW 24TH COURT  
SUNRISE, FLORIDA 33322

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PAGE 2 DAWN'S ADULT FAMILY HOME CARE, INC.

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

JEAN GRANT  
10310 NW 24TH COURT  
SUNRISE, FLORIDA 33322

**ARTICLE VII INCORPORATOR**

The name and Florida street address of the incorporator is:

JEAN GRANT  
10310 NW 24TH COURT  
SUNRISE, FLORIDA 33322

\*\*\*\*\*

*Having been named as registered agent to accept service of process for the above 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.*

*Jean Grant*

JEAN GRANT / REGISTERED AGENT

*4-17-08*

DATE

*Jean Grant*

JEAN GRANT / INCORPORATOR

*4-17-08*

DATE

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