0005288

(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:				
RECEIVED JUN - 1 2009				





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COVER LETTER

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

SUBJECT: <u>Ka</u>	45 Connection	S INCOUPOR ATE NAME - MUST INCL	74+1011
Enclosed are an orig	inal and one (1) copy of the art		•
☐ \$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	☐ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate of Status PY REQUIRED
		ADDITIONAL COPY REQUIRE	

FROM: Kijuanda L Singletary
Name (Printed or typed)

2822 - Wiley St
Address

Holly Wood, Fl 33025

City, State & Zip

754 - 234 - 9553

Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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



June 5, 2009

KIJUANDA L SINGLETARY 2823 WILEY ST HOLLYWOOD, FL 33020

SUBJECT: KAY'S CONNECTIONS INC

Ref. Number: W09000026203

We have received your document for KAY'S CONNECTIONS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 809A00018771

Paisley A Alford Clerk New Filing Section

Division of Corporations - P.O. ROY 6327 Tallahassaa, Florida 32314

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: Kay's Connections, Int

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

2823 Wiley St HollyWood FL 33020

ARTICLE III PURPOSE The purpose for which the corporation is organized is: Teen Hulp, Residential Habilitation gervices Patients Care, Adult Day Services, In Home Support Services, Homes Hulp Professional Drug and Alcohd Habilitation, Mental Health, Services

The number of shares of stock is:

50

INITIAL OFFICERS AND/OR DIRECTORS

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

2823 wiley St Hollywood FL President 2823 wiley St Hollywood FL Vice President 4823 wily St Holly wood FL Vice President 467 NW 195+ Mianni FL Treasurer hijuanda L Singletary James A Mosley

Aventt Singletary Lakhonda Jers 1320 Fuler Rd. Tallahasse FL Sec.

REGISTERED AGENT

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

Kijuanda z Singletarp 2,823 Wiley St Hollywood FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Misuanda Singleton 2823 Wiley Ct Hollywood F& 33020

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