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(Address)

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(City/State/Zip/Phone #)

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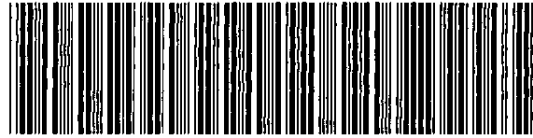
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 JUL -6 AM 11:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUL 13 2009

**DIVINE VISION SUPPORT SERVICE INC**  
**6114 Regiment Dr**  
**Jacksonville, FL 32277**  
**904-460-3765**

June 26, 2009

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

**RE: Divine Vision Support Services, Inc (Non-Profit)**  
**Waiver of Revocation of Dissolution**

Pursuant to section 617.1404 Florida Statutes, this Florida not for profit corporation has the right to revoke its Articles of Dissolution prior to the expiration of 120 days following the effective date or filing date of same.


We hereby waive that right to revoke our dissolution of said corporation and release the name thereof.

In addition, we submit Articles for a for profit corporation under the same name to be filed simultaneously with this waiver.

A copy of the Articles of Dissolution is attached with a copy of the Articles of Incorporation for a for profit corporation.

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TALLAHASSEE FLORIDA

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\_\_\_\_\_  
Ann M Caughman, Incorporator

## COVER LETTER

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

SUBJECT: Divine Vision Support Services 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: Ann Caughman  
Name (Printed or typed)

P O Box 551110  
Address

Jacksonville, FL 32277  
City, State & Zip

904-725-0162  
Daytime Telephone number

carrie.garrett1725@att.net  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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:

Divine Vision Support Services Inc

## **ARTICLE II PRINCIPAL OFFICE**

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

6114 Regiment Dr.  
Jacksonville, FL 32277

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide support services to persons with disabilities through medicaid waiver; assist with daily living skills and independence and to engage or transact in any or all lawful activities or business permitted under the laws of the US and the state of Florida

## **ARTICLE IV SHARES**

The number of shares of stock is:

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 1000 shares of common stock having \$1.00 per value per share.

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

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

Carrie L Garrett  
6114 Regiment Dr.  
Jacksonville, FL 32277

## **ARTICLE VI REGISTERED AGENT**

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

Carrie L Garrett  
6114 Regiment Dr.  
Jacksonville, FL 32277

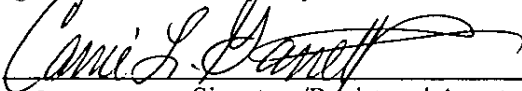
## **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

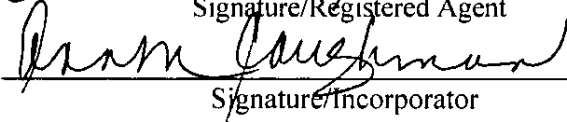
Ann Caughman Success Financial Solutions  
P O Box 551110  
Jacksonville, FL 32255-1110

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*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*

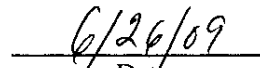
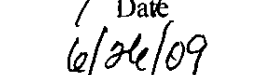


Signature/Registered Agent



Signature/Incorporator

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

  
Date  
  
Date