P110000001319

(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:				

Office Use Only



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12/07/10--01014--008 **87.50

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/11 5/2895

COVER LETTER

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

Home In	C.	
E NAME - MUSTINCE	LUDE SUFFIX)	
les of incorporation and	d a check for:	
\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status	₹
ADDITIONAL CO	OPY REQUIRED	
Mills (Printed or typed) Hoyth Address 133470 State & Zip 1693 elephone number Tor future annual repor	OF STATE E.FLORIDA	
	S78.75 Filing Fee & Certified Copy ADDITIONAL Co ADDITIONAL Co (Printed or typed) Address A3470 State & Zip 893 elephone number	Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED ADDITIONAL COPY REQUIRED TALL SECRETARY OF STATE Address 133 4 70 State & Zip

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



December 8, 2010

YVONNE B. MILLS 3396 180TH AVE NORTH LOXAHATCHEE, FL 33470

SUBJECT: SHANAKAY GROUP HOME INC.

Ref. Number: W10000056895

We have received your document for SHANAKAY GROUP HOME 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):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2011 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6879.

Ruby Dunlap Regulatory Specialist II New Filing Section

Letter Number: 010A00028493

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: Shanakay Group Ho	me Inc.
ARTICLE II PRINCIPAL OFFICE	
Principal street address	3396 180 th Ave Morth
3396 180 th Ave North	3376 180 th Ave Morth
FL33410	toxa hat chee f L 33470
	35715
ARTICLE III PURPOSE	
The purpose for which the corporation is organized is:	a set forth
10 Provide Kesidential and Ho	abilitation Services as set forth abolities in the state of florida
by the for Persons with his	abilities in the state at 1/0/190
in a Home like envitoment.	
	•
ARTICLE IV SHARES	-1 1 10 contensharab
The number of shares of stock is: 100 Shares. 5	oshareby the C.e. of 50 shares b
ARTICLE V INITIAL OFFICERS AND/OR DIREC	TORS
Name and Title: WONNE B. Mills C.E.	
Address: 3396 180th Ave North	Address: 3348-150H Hue Ho71h
Loxa hatebee	Foxahatchee FL 33470
Name and Title Heetor Mills C.0.0	Name and Title:
Address: 3396 /801h Ave North	Address:
Loxabatchee FL 33470	
· · · · · · · · · · · · · · · · · · ·	- Level
Name and Title: Keesha Beckford. Sec	YCTO Name and Title:
Address: 3396.180th Atte North	Address:
FL 33 470	
ARTICLE VI REGISTERED AGENT	AS 2
The name and Florida street address (P.O. Box NOT acceptabe Name:	ole) of the registered agent is:
Address: 13296 180 Aug North	
Losa hatchee PL 3347	SS 2
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	U T
Name: Vonne B. Mills	\times_\tim
Address: 3396 186th Ave No	41. Sm -
Loxabotchee PL 3347t	<u>≻ .o</u>
Having been named as registered agent to accept service of pa	rocess for the above stated corporation at the place designated in
this certificate, I am familiar with and accept the appointment a	
A - A II	
Monne & Mille	1 (1+ 23 - 2010) t Date
Required Signature/Registered Agen	t Date
I submit this document and affirm that the facts stated herei	n are true. I am aware that the false information submitted in a
document to the Department of State constitutes a third degree	

Required Signature/Incorporator