P11000023217

| (Requestor's Name) | | | | |
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| (Ci | ty/State/Zip/Phone | = #) | | |
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| PICK-UP | MAIT | MAIL | | |
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| (Bı | isiness Entity Nar | ne) | | |
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| (De | ocument Number) | | | |
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| Certified Copies | Certificates | s of Status | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

February 24, 2011

PENELOPE WEST 36827 CENTER AVENUE DADE CITY, FL 33525

SUBJECT: MOLLY HOUSE, INC. Ref. Number: W11000011025

We have received your document for MOLLY HOUSE, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6949.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 311A00004727

COVER LETTER

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

. 1 . . .

| | Molly House, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | |
|---|---|--|--|--|--|
| Enclosed are an original and one (1) copy of the artificate of Status | | | | | |
| Name 36827 | lope West c (Printed or typed) 7 Center Ave. Address | | | | |
| 352-5 Daytime T | City, FL 33525 State & Zip 518-5219 elephone number Caol.com I for future annual report notification) | | | | |

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

ARTICLES OF INCORPORATIONIn compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| The name of the co | orporation shall be: | Mollygee, Inc. | | |
|---------------------------------|--|--|-------------------------|--|
| RTICLE II | PRINCIPAL OFFICE | | | |
| | Principal street address | Mailing add | lress, if different is: | |
| | 36827 Center Ave. | | | |
| 1 | Dade City, FL 33525 | | | |
| RTICLE III | | | | |
| | which the corporation is organized is: nome for adults with development | al diaghilitics | | |
| Oster Care i | iome for addits with development | ui disabilities | | |
| RTICLE IV | SHARES 100 | | | |
| | res of stock is:100 | | | |
| | INITIAL OFFICERS AND/OR DIREC | | · · | |
| Name and T Address: | itle: Penelope A. West President 36827 Center Ave. | Name and Title: Address: | | |
| Address. | Dade City, FL 33525 | | 72 - 72 8 | |
| | Dade City, FL 33323 | | Tr 20 67-00 | |
| | | | 00 1 pms | |
| Name and T | itle: Rick E. West Vice-President | Name and Title: | | |
| Address: 36827 Center Ave. | 36827 Center Ave | Address: | me <u>pa 184</u> | |
| | Dade City, FL 33525 | | | |
| | | | | |
| N1 | dat | Name and Wide. | 22년 02 | |
| Name and Title:Address: | me: | Address: | <u> </u> | |
| Audress. | | | | |
| RTICLE VI | REGISTERED AGENT | | | |
| he <u>name and Flo</u> Name: | orida street address (P.O. Box NOT acceptable Penelope A. West | | | |
| | 36827 Center Ave | | | |
| | Dade City, Fl 33525 | | | |
| RTICLE VII | INCORPORATOR | | | |
| | dress of the Incorporator is: | | | |
| Name: Address: | Rick E West | | | |
| Address: | 36827 Center Ave. Dade City, FL 33525 | | | |
| | ed as registered agent to accept service of pi m familiar with and accept the appointment a | | | |
| 0 1 | Required Signature/Registered Agent | | 2/17/11 | |
| | Required Signature/Registered Agent | | Date | |
| cument to the D | iment and affirm that the facts stated hereiv epartment of State constitutes a third degree j | | | |
| Pack | E Wast Required Signature/Incorporator | | 2/17/11 | |
| | Required Signature/Incorporator | ······································ | Date | |