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W16-063156

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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 13, 2016

ANGELA FIELDS 5566 BALFREY DR. W. PALM BCH., FL 33413

SUBJECT: A&D GRACE HOUSE Ref. Number: W16000063156

We have received your document for A&D GRACE HOUSE 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 must contain a word that will clearly indicate that it is a corporation.

Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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.

A corporation may not serve as its own incorporator. Please designate the individual whose signature appears on the signature line.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 716A00019418

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COVER LETTER

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

SUBJECT:	A & D Grace House (PROPOSED CORPOR	RATE NAME – <u>MUST II</u>	NCLUDE SUFFIX)
Enclosed are an o	original and one (1) copy o	of the articles of incorp	poration and a check for:
	\$78.75 \$\square\$ \$78.75 Filing Fee Certificate of Status Status ADDITIONAL CO.	■87.50 Filing Fee & Certified Copy & Certificate of PY REQUIRED	Filing Fee, Certified Copy
FROM:_	Angela Fields	Jame (Printed or typed)	
Address _	5566 Balfrey Drive		
	West Palm Beach, Flo	orida 33413 City, State & Zip	
		561-403-7991	
	Da	ytime Telephone numbe	er
_	Angelaernest50@gmail	l.com	
	E-mail address: (to	be used for future annu	al report notification)

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

	me of the corporate	ARTICLES O In compliance with Chapter tion shall be: A&D Grace Hous IPAL OFFICE Principal street address	eInc,	F.S. (Profit) Mailing address, if diff	SEURICA ARY STATES OF THE SECOND OF THE BRITISH SECOND OF THE BRIT
		outh 13th Court		_ 5566 Balfrey D	
The purenviror need of mproverselthy personal thy personal the number of	rpose for which the ment for children feducational serving quality of life and happy. Directly all hygiene needs, and hygiene needs, where of shares of	ne corporation is organized is: The analysis and youth with developmental distincts, personal services, ongoing suptained in the A&D Grace House care staff will be available daily, and recreational activities.	abilities, sensory impairm pervision, and any assistant use will provide support no to assist clients with disab	ents and physical disable ace essential for sustaining ecessary for all clients to	native living ilities, who are in ing daily living and o remain safe,
<u> 1KIIC</u>		IL OFFICERS AND/OR DIRECT Diane B. Howard	· ··		
	Address	6922 Houlton Circle Lake Worth , Florida-33467	Address:		
Title:	Name and Title:_ Address	Angela Fields 5566 Balfrey Drive	Name and		
		West Palm Beach, Florida -33413	Address:		

Name and Title:	Name and	
Address	Address:	
Name and Title:Title:	Name and	PART OF THE AMIL 35
		·
Name: Address:		
The name and address of the Incorporator is: Name: Address: Add	<u>Circle</u> 33467	ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: ANGELA FIELDS 5566 Balfrey Drive Well Palm Beach, Fla. 33413
ARTICLE VIII EFFECTIVE DATE: Effective date, if other than the date of filing:	. (OPTIONAL)	33413
(If an effective date is listed, the date must be specially after the filing.)	cific and cannot be more than five bus	iness days prior or 90 business
Note: If the date inserted in this block does not mee the document's effective date on the Department of		ents, this date will not be listed as
Having been named as registered agent to accept so in this certificate, I am familiar with and accept the	ervice of process for the above stated co e appointment as registered agent and a	rporation at the place designated gree to act in this capacity

Deane B. Howard -

Required Signature/Registered Agent

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

ne & Houard - angel P. Freld

/- /- // Date

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