

P1600008536S

(Requestor's Name)

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(City/State/Zip/Phone #)

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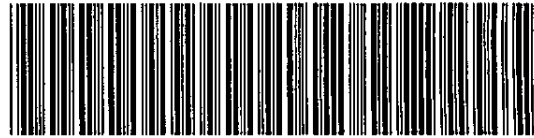
(Business Entity Name)

(Document Number)

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16 OCT 20 PM 4:45
OFFICE OF STATE
FALL ABRASSER FLORIDA

na 10/24/16

COVER LETTER

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

SUBJECT: Mary Mary Comprehensive Care Home, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Annette Mary Rolle
Name (Printed or typed)
13365 Devan Lee Dr East
Address
Jacksonville Florida 32226
City, State & Zip
346-400-2289
Daytime Telephone number
annette.rolle1956@gmail.com
E-mail address: (to be used for future annual report notification)

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: Mary Mary Comprehensive Care Home, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
13365 Devan Lee Dr East
Jacksonville, Florida 32226

Mailing address, if different is:
13365 Devan Lee Dr East
Jacksonville, Florida 32226

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Group Home

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CLERK OF STATE
TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Annette M. Rolle, President

Address 13365 Devan Lee Dr East
Jacksonville, Florida 32226

Name and Title: Mary Garraway, Vice President

Address: 13365 Devan Lee East

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Annette M, Rolle

Address: 13365 Devan Lee Dr. East

Jacksonville, Florida 32226

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Mary Mary Comprehensive Care Home, LLC

Address: 13365 Devan Lee Dr East

Jacksonville, Florida 32226

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9/28/2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Annette M. Rolle

Required Signature/Registered Agent

9/28/2016

Date

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.

Annette M Rolle

Required Signature/Incorporator

9/28/2016

Date