Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001725513)))



H170001725513ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (512)418-6949
Fax Number: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## FLORIDA PROFIT/NON PROFIT CORPORATION

Dawkins Family Services, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

Electronic Filing Menu Corporate Filing Menu Help

D O'KEEFE JUN 3 0 2017

## **COVER LETTER**

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

SUBJECT: Dawk	rins Family Services, Inc.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the art	icles of incorporation and	d a check for:
\$70.00 Filing Fee		□ \$78.75 Filing Fee & Certified Copy	& Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM: _	Henry Morgan Name	e (Printed or typed)	
<u></u>		Address	,
F	Boston, MA 02199-3600		
·	City,	State & Zip	A
6	517-951-7162		
	Daytime T	elephone number	
h	enry.morgan@ropesgray.com		
_	E-mail address: (to be use	d 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)

	IPAL OFFICE Principal <u>street</u> address		Mailing address, if different is:	
180 Red Haven Lane		800 Bayiston Stre	et Prudential Tower	
Oviedo, FL 32765		Boston, MA 0219	Boston, MA 02199-3600	
RTICLE III PURPO te purpose for which th	<u>SE</u> ne corporation is organized is:			
engage in any lawful	act or activity for which corporations may	be organized under		
hapter 607 and Chapte	r 621 of the Florida Statutes.			
· · · · · · · · · · · · · · · · · · ·				
	stock is:  LOFFICERS AND/OR DIRECTORS		17 July 29	
RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS Johnny E. Dawkins Jr. (CEO)	Name and Title:	23	
RTICLE V INITIA	L OFFICERS AND/OR DIRECTORS Johnny E. Dawkins Jr. (CEO)		20	
RTICLE V INITIA  Name and Title	L OFFICERS AND/OR DIRECTORS  Johnny E. Dawkins Jr. (CEO)  1180 Red Haven Lane	Name and Title: Address:	29	
RETICLE V INITIA  Name and Title  Address	LOFFICERS AND/OR DIRECTORS  Johnny E. Dawkins Jr. (CEO)  1180 Red Haven Lane  Oviedo, FL 32765	Name and Title:Address:	29 78 @ 04	
RETICLE V INITIA  Name and Title  Address	LOFFICERS AND/OR DIRECTORS  Johnny E. Dawkins Jr. (CEO)  1180 Red Haven Lane  Oviedo, FL 32765	Name and Title: Address: Name and Title:	29 78 @ 04	
RTICLE V INITIA  Name and Title  Address  Name and Title:	LOFFICERS AND/OR DIRECTORS  Johnny E. Dawkins Jr. (CEO)  1180 Red Haven Lane  Oviedo, FL 32765	Name and Title: Address: Name and Title:	29 78 @ 04	
RTICLE V INITIA  Name and Title  Address  Name and Title:	LOFFICERS AND/OR DIRECTORS  Johnny E. Dawkins Jr. (CEO)  1180 Red Haven Lane  Oviedo, FL 32765	Name and Title: Address: Name and Title:	29 78 @ 04	
RTICLE V INITIA  Name and Title  Address  Name and Title:  Address	LOFFICERS AND/OR DIRECTORS  Johnny E. Dawkins Jr. (CEO)  1180 Red Haven Lane  Oviedo, FL 32765	Name and Title:  Address:  Name and Title:  Address:	29 29 20 20 20 20 20 20 20 20 20 20 20 20 20	

Name a	nd Title:	Name and Title:	
Addres	S	Address:	
ARTICLE III	DECUTEDED ACENT		
The name and I	REGISTERED AGENT Torida street address (P.O. Box NOT acce	ntable) of the remistered agent is:	
Name:	C T Corporation System		
Address:	1200 South Pine Island Road	The second secon	noya N
	Plantation, FL 33324		7 JH
ARTICLE VII	INCORPORATOR		11 12 10
The name and a	ddress of the Incorporator is:		Zm Tm
Name:	Henry Morgan		<u>m</u>
Address:	800 Boylston Street	**************************************	7
	Boston, MA 02199		
Effective date, i	EFFECTIVE DATE:  If other than the date of filing:  date is listed, the date must be specific as	(OPTIONAL) ad cannot be more than five days prior or 90 day	ys after the
Note: If the data the document's	e inserted in this block does not meet the a effective date on the Department of State's	oplicable statutory filing requirements, this date will records.	I not be listed a
this certificate, i	am familiur with and accept the appointm	f process for the above stated corporation ut the pi ent as registered agent and agree to act in this cupa	lace designated
C T Corporatio	n System Olga Hinkel - \		9/2017
	Required Signature/Registered A	gent	Date
I submit this de document to his	cument and affirm that the facts stated his Department of Sping constitutes a third det	rein are true. I um aware that the false information tree felony as provided for in s.817.155, F.S.	on submitted i
- Alex	iyled Signature/Incorporator	06/7	29 201 Date
6 /			