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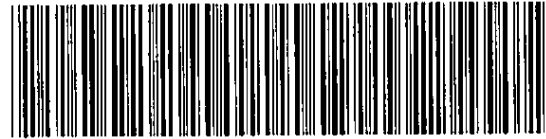
(Business Entity Name)

(Document Number)

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Name:	COMMUNITY RESOURCE NETWORK OF FLORIDA PARENT INC.
Document #:	
Order #:	12299741

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
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COVER LETTER

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

SUBJECT: COMMUNITY RESOURCE NETWORK OF FLORIDA PARENT 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: Tyler B. Korn, Esq.
Name (Printed or typed)

5150 Tamiami Trail N., Suite 302
Address

Naples, FL 34103
City, State & Zip

(239) 354-4300
Daytime Telephone number

tkorn@kornkalish.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: COMMUNITY RESOURCE NETWORK OF FLORIDA PARENT INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

12751 WORLD PLAZA LANE

FORT MYERS, FL 33907

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

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ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: COLE M. CARUSO, PRESIDENT

Name and Title: _____

Address 12751 WORLD PLAZA LANE

Address: _____

FORT MYERS, FL 33907

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Tyler B. Korn, Esq.
Address: 5150 Tamiami Trail N., Suite 302
Naples, FL 34103

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Tyler B. Korn, Esq.
Address: 5150 Tamiami Trail N., Suite 302
Naples, FL 34103

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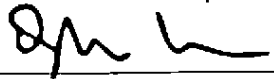
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

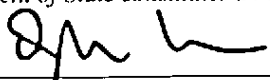


Required Signature/Registered Agent

October 17, 2019

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.



Required Signature/Incorporator

October 17, 2019

Date