

TRANSMITTAL LETTER

P96000015021

Department of State
Division of Corporations
P. O. 6327
Tallahassee, FL 32314

SUBJECT: Sunshine Respite Care, Inc
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Please return the photocopy to me with the filing date stamped on it.

100001713311
-02/13/96--01072--013
*****78.75 *****78.75

FROM:

Judy L. Jones

Name (printed or typed)

7549 East Meadow Lane, P.O. Box 219
Floral City, FL 34436

Address

Floral City, FL 34436

City, State & Zip

(904) 726-9189

Daytime Telephone Number

FILED
96 FEB 13 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 2-13-96

Articles of Incorporation

1. The name of the corporation shall be: Sunshine Respite Care, Inc.
2. The principal place of business and mailing address of the corporation is: 7549 East Meadow Lane, P.O. Box 219
Floral City, FL 34436
3. The corporation shall have the authority to issue 5000 shares of stock.
4. The registered agent of the corporation is Judy L. Jones and the registered street address is 7549 East Meadow Lane Floral City Florida 34436.
5. The initial Board of Directors shall have 2 member(s) whose name(s) and address(es) is/are as follows: Judy L. Jones, 7549 East Meadow Lane Floral City
FL 34436 Robert C. Jones 7549 East Meadow Lane Floral City
FL 34436

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Judy L. Jones whose street address is 7549 East Meadow Lane P.O. Box 219 Floral City, FL 34436

Dated Feb 12, 1996

Judy L. Jones
Incorporator

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated Feb 12, 1996

Judy L. Jones
Registered Agent