

P96000052136

TRANSMITTAL LETTER

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

2025 JUN 17 10 42 AM  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

SUBJECT: BAYSIDE CARE CENTER, 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

Additional Copy Required

FROM: STEPHEN O. ODU AND BEATRICE K. ODU  
Name (printed or typed)

3832 LONG GROVE LANE  
Address

PORT ORANGE, FLORIDA 32119  
City, State & Zip

904-767-5136  
Daytime Telephone number

FILED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

96 JUN 17 AM 10:42

FILED

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

AS  
6/19/96

## ARTICLES OF INCORPORATION

FILED

96 JUN 17 AM 10:42

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be: BAYSIDE CARE CENTER, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

3478 MAPLE GROVE  
PORT ORANGE  
FLORIDA 32119

### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

STEPHEN OBU  
3832 LONG GROVE LANE  
PORT ORANGE,  
FLORIDA 32119

**ARTICLE V INCORPORATOR(S)**

**See Instructions for officers/directors**


The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

STEPHEN O. ODU and BEATRICE E. ODU  
3832 LONG GROVE LADE,  
PORT ORANGE,  
FLORIDA, 32119

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12 day of JUNE, 1996.

(An additional article must be added if an effective date is requested.)

, Director  
Signature

, Administrator  
Signature

\_\_\_\_\_  
Signature

**Notarization is not required**

**NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.**

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: BAYSIDE CARE CENTER, INC.

2. The name and address of the registered agent and office is:

STEPHEN ODU  
(NAME)

3832 LONG GROVE  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

PORT ORANGE, FLORIDA 32119  
(CITY/STATE/ZIP)

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96 JUN 17 2:10 PM '96  
TALLAHASSEE, FLORIDA

*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 I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

6/12/96  
(DATE)