

P96000095943

TRANSMITTAL LETTER

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

56 NOV 25 11 51 AM '96

FILED

SUBJECT: OAK HAVEN ADULT DAY CARE CENTER, INC.
(Proposed corporate name - must include suffix)

300002000623--2

-11/08/96--01080--001

*****78.75 *****78.75

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:

JAMES L. FULKERSON

Name (printed or typed)

440 COLUMBUS CIR

Address

LONGWOOD, FL 32750

City, State & Zip

(407) 260.6790

Daytime Telephone number

W96-24057

AL NOV 25 1996

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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

November 13, 1996

JAMES L. FULKERSON
440 COLUMBUS CIR.
LONGWOOD, FL 32750

SUBJECT: OAK HAVEN ADULT DAY CARE CENTER, INC.
Ref. Number: W96000024057

We have received your document for OAK HAVEN ADULT DAY CARE CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6928.

Agnes Lunt
Corporate Specialist

Letter Number: 396A00051838

Resubmitting —

ARTICLES OF INCORPORATION

FILED

96 NOV 25 AM 9:06

STATE
FLORIDA

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:

OAK HAVEN ADULT DAY CARE CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

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

507 EAST STREET
LONGWOOD, FL 32750

ARTICLE III SHARES

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

20

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JAMES L. FULKERSON
440 COLUMBUS CIR
LONGWOOD, FL 32750

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):

JAMES L. FULKERSON
LOIS K. FULKERSON
440 COLUMBUS CIR
LONGWOOD, FL 32750

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

2ND day of NOVEMBER, 19 96.

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

X James L. Fulkerson
Signature

X Lois K. Fulkerson
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: OAK HAVEN ADULT DAY CARE CENTER, INC.
2. The name and address of the registered agent and office is:

JAMES L. FULTERSON
(NAME)
440 COLUMBUS CIR
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)
LONGWOOD, FL 32750
(CITY/STATE/ZIP)

FILED
96 NOV 25 AM 9:06
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.

James L. Fulterson
(SIGNATURE)

11-4-96
(DATE)