

**Division of Corporations**

Department of State

P. O. Box 6327

Tallahassee

Florida.

32314

**P98000104273**

**C A M Adult Family Care Home, Inc.**

Carol A. Martin  
175 Minerva Place  
Spring Hill  
FL  
34609

**Dear; Secretary of State:**

800002712368--8  
-12/15/98--01023--001  
\*\*\*\*\*78.50 \*\*\*\*\*78.50

Enclosed you will find our Articles of Incorporation for: C A M Adult Family Care Home, Inc.. along with a check in the amount of \$ 78.50, (\$35.00 for the filing fee and \$35.00 for the Designation of Registered Agent fee and \$8.50 for the Certificate ). If in the future should I want a Certified copy of Articles of Incorporation I will send \$52.50 for them at that time.

Also enclosed are photocopies of the Articles of Incorporation and a self addressed, stamped envelope, please return this duplicate set to us with the filing date and rubber stamps on it and your **Cover Letter** and **Certificate**.

Thank you, Carol A. Martin

Incorporator: **Carol A. Martin**

**C A M Adult Family Care Home, Inc.**

175 Minerva Place Spring Hill, FL 34609

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

98 DEC 15 AM 10:34

**FILED**

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12/17

# **C A M Adult Family Care Home, Inc.**

175 Minerva Place, Spring Hill, FL 34609

## **ARTICLES OF INCORPORATION**

### **ARTICLE 1.**

The name of the corporation is **C A M Adult Family Care Home, Inc.**

### **ARTICLE 2.**

This corporation shall exist perpetually unless dissolved according to Florida law.

### **ARTICLE 3.**

The principal place of business and mailing address is: 175 Minerva Place, Spring Hill, FL 34609

### **ARTICLE 4.**

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### **ARTICLE 5.**

The corporation shall have the authority to issue 500 shares of common stock, in one class only, each with a par value of: \$1.00.

### **ARTICLE 6.**

The registered agent of the corporation is: **Carol A. Martin**, and the registered address is: 175 Minerva Place, Spring Hill, FL 34609

### **ARTICLE 7.**

The initial Board of Directors shall have one member(s).  
The names and addresses are as follows :

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**President:** Carol A. Martin, of 175 Minerva Place, Spring Hill, FL 34609  
**Vice President:** Carol A. Martin, of 175 Minerva Place, Spring Hill, FL 34609  
**Secretary:** Carol A. Martin, of 175 Minerva Place, Spring Hill, FL 34609  
**Treasurer:** Carol A. Martin of 175 Minerva Place, Spring Hill, FL 34609

The number of directors may be raised or lowered by amendments of the bylaws of the corporation, but shall never be less than one.

#### ARTICLE 8

#### INCORPORATOR

The Incorporator of this corporation is: **Carol A. Martin**  
whose address is: 175 Minerva Place, Spring Hill, FL 34609  
**SWORN TO and SIGNED** this 10 day of December, 1998

**Signature:** Carol A. Martin  
Incorporator, Carol A. Martin

#### REGISTERED AGENT

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 agreed 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.

**SWORN TO and SIGNED** this 10 day of December, 1998

**Signature:** Carol A. Martin  
Registered Agent, Carol A. Martin  
C A M Adult Family Care Home, Inc.  
175 Minerva Place  
Spring Hill, FL 34609

**Incorporator:** Carol A Martin

**Carol A. Martin**

of 175 Minerva Place, Spring Hill, FL 34609

**STATE of FLORIDA**

**COUNTY OF HERNANDO**

Before me personally appeared, the Incorporator, **Carol A. Martin**, known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged before me that he or she, executed this document for the purpose expressed therein.

**Witness my hand and seal on this**

10 of December, 1998

Identification provided was  
an FL DL  
#

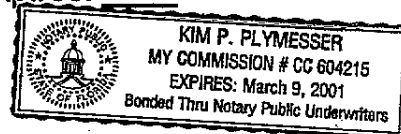
**Signature:** Kim P Plymessa

Print Notary Name: Kim P Plymessa

**NOTARY PUBLIC, STATE OF FLORIDA**

My Commission Expires: \_\_\_\_\_

( )  
( )



**Registered Agent:** Carol A Martin

**Carol A. Martin**

of 175 Minerva Place, Spring Hill, FL 34609

**STATE of FLORIDA**

**COUNTY OF HERNANDO**

Before me personally appeared, **Carol A. Martin the Registered Agent**, known to me to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged before me that he or she, executed this document for the purpose expressed therein.

**Witness my hand and seal on this**

10 of December, 1998

Identification provided was  
an FL DL  
#

**Signature:** Kim P Plymessa

Print Notary Name: Kim P Plymessa

**NOTARY PUBLIC, STATE OF FLORIDA**

My Commission Expires, \_\_\_\_\_

( )  
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