

TRANSMITTAL LETTER

P99000012792

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

300002767699--9

-02/08/99-01100-012

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ALZONIA'S ADULT DAY 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

ADDITIONAL COPY REQUIRED

FROM: ALZONIA V. COLEMAN  
Name (Printed or typed)

1408 W. STATE STREET  
Address

JACKSONVILLE FLORIDA 32209  
City, State & Zip

(904) 358-2305  
Daytime Telephone number

FILED  
99 FEB -8 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BROCK FEB 9 1999

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

Alzona's Adult Day Care Inc.

### ARTICLE II PRINCIPAL OFFICE

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

1408 W. State St.  
Jacksonville Florida 32209

### ARTICLE III SHARES

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

TEN - 10

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Alzona V. Coleman  
1408 W. State Street  
Jacksonville Florida 32209

### ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Alzona V. Coleman  
1408 W. State St.  
Jacksonville Florida 32209

Signature/Incorporator

Date

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

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/Registered Agent

Date

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA