P99000067428

TRANSMITTAL LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 99 JUL 23 AM 10: 36
SECRETARY OF STATE

SUBJECT:

Family Ties of Flagler County, Inc.

(Proposed corporate name - must include suffix)

900002940309--5 -07/23/99--01067--009 *****87.50 *****87.50

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

\$70.00

\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:

Gina B. Harding
Name (Printed or typed)

274 B Palm Harbor Shopping Village
Address

Palm Coast, F1 32137

City, State & Zip

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

Daytime Telephone number

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:

Family Ties of Flagler County, Inc

ARTICLE II PRINCIPAL OFFICE

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

274 B Palm Harbor Shopping Village Palm Coast, F1 32137

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Gina B. Harding 274 B Palm Harbor Shopping Village Palm Coast, F1 32137

ARTICLE V INCORPORATOR

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

Barbara W. Brown 274 B Palm Harbor Shopping Village Palm Coast,F1 32137

Mara, W. Brocera
Signature/Incorporator

7-19-99

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

7-19-99

Date