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TRANSMITTAL LETTER

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

7000002993217--8  
-09/22/99--01018--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Coastal Adult 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 of Status

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

ADDITIONAL COPY REQUIRED

FROM: Vanessa Vesce

Name (Printed or typed)

115 Rose Island Way, Suite 1206

Address

Ponte Vedra Beach, FL 3208

City, State & Zip

(904) 307-547

Daytime Telephone number

FILED  
99 SEP 22 AM 3:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

9-24  
WC

## 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:

Coastal Adult Care, Inc.

### ARTICLE II PRINCIPAL OFFICE

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

115 Rose Island Way, Suite 1206, Ponte Vedra Beach, FL 32082

### ARTICLE III SHARES

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

100,000

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Vanessa Vesce, 115 Rose Island Way, Suite 1206, Ponte Vedra Beach, FL 32082

### ARTICLE V INCORPORATOR

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

Vanessa Vesce, President & Secretary, 115 Rose Island Way, Suite 120

Ponte Vedra Beach, FL 3208

Vanessa Vesce

Signature/Incorporator

September 7, 1999

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*

Vanessa Vesce

Signature/Registered Agent

September 7, 1999

Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA