

P15 000060140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200275041152

200275041152
07/16/15--01014--006 **78.75

FILED
2015 JUL 16 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KCS

7/21/15

COVER LETTER

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

SUBJECT: Abigail Assisted Living, Inc.
_____ **(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)** _____

Enclosed are 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: Thomas W. Cauffman

Name (Printed or typed)

4905 West Laurel Street #200

Address

Tampa, FL 33607

City, State & Zip

813-286-8818

Daytime Telephone number

TCAUFMAN@QPWBLAW.COM

E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: ABIGAIL ASSISTED LIVING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address 320 South Delaware Avenue Mailing address, if different is: _____
Tampa, FL 33629 _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all lawful purposes.

FILED
2005 JUL 16 AM 9:06
SECRETARY OF STATE
TAMPA, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Rodriguez Name and Title: _____
Address President Address: _____
320 South Delaware Avenue _____
Tampa, FL 33629 _____

Name and Title: Karen Rodriguez Name and Title: _____
Address Treasurer Address: _____
320 South Delaware Avenue _____
Tampa, FL 33629 _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

Name and Title: _____ Name and Title: _____
 Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Thomas W. Cauffman
 Address: 4905 West Laurel Street #200
 Tampa, FL 33607

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Thomas W. Cauffman
 Address: 4905 West Laurel Street #200
 Tampa, FL 33607

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

 Required Signature/Registered Agent
 July 10, 2015

 Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

 Required Signature/Incorporator
 July 10, 2015

 Date