

P 190000063808

Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : GM FINANCIAL GROUP LIMITED, INC.
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

2019 AUG 13 PM 12:01

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: SBONGIO@HOTMAIL.COM

FLORIDA PROFIT/NON PROFIT CORPORATION
OAK VILLAGE, ALF, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

W1900005/58

Electronic Filing Menu Corporate Filing Menu Help

7/36 1 5 2019

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

ARTICLE I NAME OAK VILLAGE ALF, INC.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
1801 MONASTERY RD
ORANGE CITY, FL 32763

Mailing address, if different is:
33857 TERRAGONA DR
SORRENTO, FL 32776

ARTICLE III PURPOSE ALF
The purpose for which the corporation is organized is: _____

2019 AUG 13 PM 12:01
FILED
CLERK OF COUNTY OF ORANGE
TALLAHASSEE, FLORIDA

ARTICLE IV SHARES 1000
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SAMUEL F BONGIOVANNI, PRES
Address: 33857 TERRAGONA DR
SORRENTO, FL 32776

Name and Title: MARTHA BHAGWANSINGH, V. P.
Address: 33857 TERRAGONA DR
SORRENTO, FL 32776

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
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: SAMUEL F BONGIOVANNI
 Address: 33857 TERRAGONA DR
SORRENTO, FL 32776

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: SAMUEL F BONGIOVANNI
 Address: 33857 TERRAGONA DR
SORRENTO, FL 32776


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 days prior or 90 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 8/11/19 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 8/11/19 Date