No 300000 08047

(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

200022877852

09/15/03--01045--002 **87.50

FILED
03 SEP 15 PM 3:42

4q-17

TRANSMITTAL LETTER

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

SUBJECT: NEXUS FOUNDATION, 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

ADDITIONAL COPY REQUIRED

FROM: DAVID F. BUHRMAN C.O.O./TREASURE
Name (Printed or typed)

989 EAST VALLEY DRIVE
Address

BONITA SHORES, FL. 34134
City, State & Zip

(239) 947-8014
Daytime Telephone number

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

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be: NEXUS FOUNDATION, INC.
(A NOT FOR PROFIT CORPORATION

ARTICLE II PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:
989 EAST VALLEY DRIVE
BONITA SHORES, FL. 34134

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: TO PROVIDE AFFORDABLE ASSISTED LIVING CARE FOR SENIOR CITIZENS, ALLOWING MAXIMUM FLEXIBILITY IN THEIR CHOICE OF LIFESTYLES

ARTICLE IV MANNER OF ELECTION FISCAL YEAR ENDING 3-31-___
The manner in which the directors are elected or appointed:
APRIL 1 EACH YEAR OF OPERATION, APPOINTMEN
BY MAJORITY OF OFFICERS ATTENDING. MEETIN
WILL OCCUR AT 9:00 AM AT PRINCIPAL OFFICE.

ARTICLE V INITIAL DIRECTORS/OFFICERS
The name(s), address(es) and title(s):
SAMUEL J. CHIANCOLA SR. CEO / PRES. 10851 SEAL
LORENE M. CHIANCOLA SEC / V.P COURT.
DAVID BUHRMAN C.O.O. / TREAS. BONITA SPRI
989 E. VALLEY DRIVE BONITA SHORES, FL. 34134 FL. 34135
BONITA SHORES, FL. 34134

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The **name and Florida street address** of the registered agent is:
KARL REDPIES
1337 ALHAMBRA Circle North
NAPLES, FL. 34103-3291

FILED
03 SEP 15 PM 3:42

ARTICLE VII INCORPORATOR
The **name and address** of the Incorporator is:
DAVID BUHRMAN (A DISABLED U.S. CITIZEN)
989 E. VALLEY DRIVE
BONITA SHORES, FL. 34134

****

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.

x Karl E Reddies — 9-9-03
Signature/Registered Agent — Date

D Buhrman — 9-5-03
Signature/Incorporator — Date