

No 3000008047

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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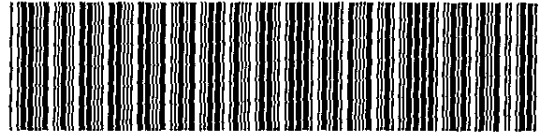
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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409-17

## 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. BUKHMAN C.O.O./TREASURER  
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**

The manner in which the directors are elected or appointed:

**FISCAL YEAR ENDING 3-31-  
APRIL 1 EACH YEAR OF OPERATION, APPOINTMENT BY MAJORITY OF OFFICERS ATTENDING MEETING WILL OCCUR AT 9:00 AM AT PRINCIPAL OFFICE.**

**ARTICLE V INITIAL DIRECTORS/OFFICERS**

The name(s), address(es) and title(s):

**SAMUEL J. CHIAROLA SR. CEO / PRES. 10851 SEAL COURT. BONITA SPRING, FL. 34135**  
**LORENE M. CHIAROLA SEC / V.P.**  
**DAVID BUHRMAN C.O.O. / TREAS. FL. 34135**  
**989 E. VALLEY DRIVE**  
**BONITA SHORES, FL. 34134**

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the registered agent is:

**KARL REDDIE**  
**1337 ALHAMBRA Circle North**  
**NAPLES, FL. 34103-3291**

**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 Reddin**

Signature/Registered Agent

**9-9-03**

Date

**DB**

Signature/Incorporator

**9-5-03**

Date

FILED  
03 SEP 15 PM 3:42  
TALLAHASSEE, FLORIDA  
CLERK OF CIRCUIT COURT