

N030000010331

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12-1-03
[Signature]

TRANSMITTAL LETTER

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

SUBJECT: THE SUITES AT LE MARTINIQUE 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: MAUREEN MARTIN
Name (Printed or typed)
108 BARRINGTON DRIVE
Address
BRANDON, FL 33511
City, State & Zip
813.309.3801
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

THE SUITES AT LE MARTINIQUE INC.

ARTICLE II PRINCIPAL OFFICE

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

108 BARRINGTON DRIVE
BRANDON, FL 33511

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE AFFORDABLE ASSISTED LIVING FACILITIES

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By majority OF THE VOTES OF THE THEN
CURRENT BOARD

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

MAUREEN MARTIN
108 BARRINGTON DRIVE
BRANDON, FL 33511

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MAUREEN MARTIN
108 BARRINGTON DRIVE
BRANDON, FL 33511

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.

Signature/Registered Agent

Date

Signature/Incorporator

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA