

N040000006841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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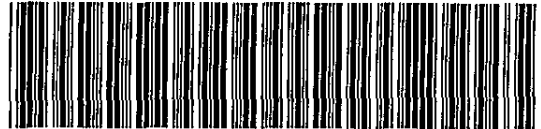
(Business Entity Name)

(Document Number)

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2004 JUL -9 PM 2:41
TALLAHASSEE FLORIDA

7/14/04

TRANSMITTAL LETTER

FILED

2004 JUL -9 PM 2:41

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

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Zion Light Adult Care living Corp
(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: Felecia Washington
Name (Printed or typed)

5638 Chirpingway west
Address

Jacksonville, FL 32222
City/State & Zip

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:

Zion Light Adult Care Living, Corp.

ARTICLE II PRINCIPAL OFFICE

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

5638 Chipping Way West
Jacksonville, FL 32222

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist the elderly with
their daily living.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors will be voted
into the position.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Stephanie Davis - 1005 N cedar st, Tallula, LA 71282
Linda Mitchell - Asst Director - 5638 Chipping Way West, Jacksonville, FL 32222

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Felecia Washington
5638 Chipping Way West
Jacksonville, FL 32222

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Felecia Washington
5638 Chipping Way West
Jacksonville, FL 32222

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

Felecia Washington

Date

6/24/04

Signature/Incorporator

Felecia Washington

Date

6/24/04

FILED
2004 JUL -9 PM 2:41
CLERK OF STATE
TALLAHASSEE FLORIDA