N04000006841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

7/14/04

# TRANSMITTAL LETTER

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2004 JUL -9 PM 2:41

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

**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 Chirping way west
Jacksonville, FL 32222

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***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 ceder st, tallula, LA 71282
Linda Mitchell - Asst Director - 5638 Chirping way west, Jax, FL 32222

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

The **name and Florida street address** of the registered agent is:
Feleia Washington
5638 chirping way west
Jacksonville, FL 32222

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:
Feleia Washington
5638 chirping 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.***

Feleia Washington — 6/24/04
Signature/Registered Agent — Date

Feleia Washington — 6/24/04
Signature/Incorporator — Date