

N05000003083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

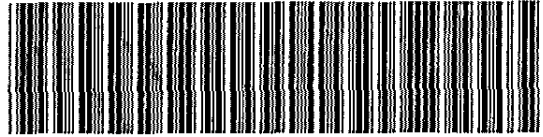
(Business Entity Name)

(Document Number)

Certified Copies 1 Certificates of Status _____

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05 MAR 24 PM 2:46 RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAR 24 PM 2:33
TALLAHASSEE, FLORIDA 32A

DR 3/24

TRANSMITTAL LETTER

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

SUBJECT: Dreams and Miracles Elderly Services, 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: Joseph E. Dames III

Name (Printed or typed)

619 N. Copeland St Suite 1

Address

Tallahassee, Florida, 32304

City, State & Zip

(850)412-9316

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:

Dreams and Miracles Elderly Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

619 N. Copeland St Suite 1
Tallahassee, Florida 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

An Assisted Living Facility or for any legal matter

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The President of the organization would appoint directors to the board on an annual basis upon expiration of previous directors terms.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President/Secretary	Vice President/Treasurer
Joseph E. Dames III	Deborah L. Dames
619 N. Copeland St Suite 1	619 N. Copeland St Suite 1
Tallahassee, Florida 32304	Tallahassee, Florida 32304

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

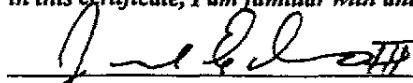
Joseph E. Dames III
619 N. Copeland St Suite 1
Tallahassee, Florida 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph E. Dames III
619 N. Copeland St Suite 1
Tallahassee, Florida 32304

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

3/22/05
Date



Signature/Incorporator

3/22/05
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA