

NO7000000834

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

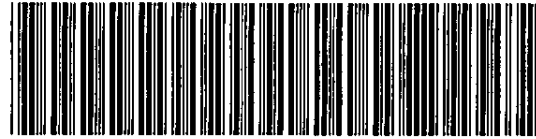
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400082826064

01/02/07--01021--021 **78.75

FILED
07 JAN 25 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature

COVER LETTER

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

SUBJECT: The Good Shepherd ASSISTED LIVING FACILITY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

CENTER

THE GOOD SHEPHERD ASSISTED LIVING FACILITY CENTER, INC.

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:

JEAN M. DENIS

Name (Printed or typed)

1707 WEST OAK ST.

Address

KISSIMMEE FL 34741

City, State & Zip

(407) 257-8087

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 3, 2007

JEAN M. DENIS
1707 WEST OAK ST
KISSIMMEE, FL 34741

SUBJECT: THE GOOD SHEPHERD ASSISTED LIVING FACILITY, INC.
Ref. Number: W07000000118

We have received your document for THE GOOD SHEPHERD ASSISTED LIVING FACILITY, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call 850-245-6052.

Paisley A Alford
New Filing Section
Division of Corporations

Letter Number: 007A00000144

Date: January 23, 2007

Attn: Paisley Alford
Department of State
P.O Box 6327
Tallahassee, FL 32314

Dear Paisley,

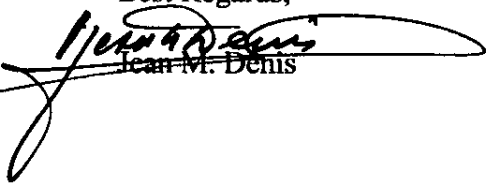
Please make the following modification to the proposed corporate name for us at
Your earliest convenience. This is pending for the process of applying for ALF license and
We were given a time constraint to get it done.
The Name it was rejected for was:

THE GOOD SHEPHERD ASSISTED LIVING FACILITY, INC.

The Namewe would like to change it to is:
THE GOOD SHEPHERD ASSISTED LIVING FACILITY CENTER, INC.

Thank you very much for your cooperation.
If you have any questions, I can be reached at (407) 257-8087.

Best Regards,


Jean M. Denis

PLEASE SEND CERTIFICATE OF
STATUS TO:
MAILING ADDRESS:

JEAN DENIS
2000 TRIUMFO CR.
KISSIMEE FL 34744

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

ARTICLE I NAME

The name of the corporation shall be:

THE GOOD SHEPHERD ASSISTED LIVING FACILITY^{center} INC.

ARTICLE II PRINCIPAL OFFICE

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

1707 WEST OAK STREET
KISSIMMEE, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

A NON-PROFIT FACILITY OFFERING
FAMILY-LIKE YET PRIVATE LIVING DESIGNED TO MAXIMIZE THE
INDEPENDENCE AND SELF-ESTEEM OF LIMITED MOBILITY PERSONS
WHO FEEL THAT THEY ARE NO LONGER ABLE TO LIVE ON THEIR OWN

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

APPOINTMENT BY THE BOARD OF THE KISSIMMEE CHURCH
OF GOD

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

JEAN M. DENIS 2000 TRIUMFO CR. KISSIMMEE FL 34744 - DIRECTOR
WILLY B. DENIS 2000 TRIUMFO CR. KISSIMMEE FL 34744 - OFFICER
LECLERC MILLEN 2958 SMITHFIELD DR. ORLANDO FL 32837 - OFFICER

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JEAN M. DENIS
2000 TRIUMFO CR.
KISSIMMEE FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEAN M. DENIS
2000 TRIUMFO CR.
KISSIMMEE FL 34744

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12-14-06

Signature/Incorporator

Date

12-14-06