

N090000010631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

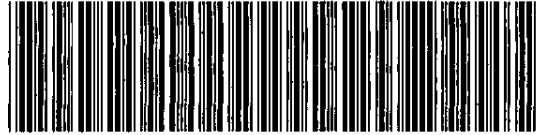
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

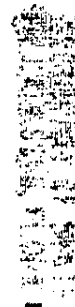
Special Instructions to Filing Officer:

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11-3-09

COVER LETTER

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

SUBJECT: St Augustine Retirement Community, 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: Tim Chandler
Name (Printed or typed)

3304 Beach Blvd.
Address

Jacksonville, FL 32207
City, State & Zip

904 996 9056
Daytime Telephone number

tim@rivercity-contractors.com
E-mail address: (to be used for future annual report notification)

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:

St Augustine Retirement Community, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

3304 Beach Blvd., Jacksonville, FL 32207

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purposes of the Corporation are charitable, specifically: to provide affordable, safe, modern and healthful housing, nutritious meals and supervision for persons sixty-five years of age and older who are in need of assistance in one or more activity of daily living ("ADL") at the lowest possible cost consistent with prudent management and operating methods.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Board shall consist of not less than one and not more than five Trustees. The Trustees shall be elected by the Board at the annual meeting of the Board or at a special meeting of the Board in the event of vacancy by resignation, death or incapacity of a Trustee. Each Trustee shall be elected for a perpetual term or for such other term as the Board may determine by resolution.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

| | | | |
|------------------------|------------------|--------------------------|------------|
| Jennifer Lynn Chandler | 305 First Street | St. Augustine, FL 32084 | Chairwoman |
| John G Berg | 1 Dunminning Rd | Newtown Square, PA 19073 | Secretary |

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jennifer Chandler
305 1st Street
St. Augustine FL 32084

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

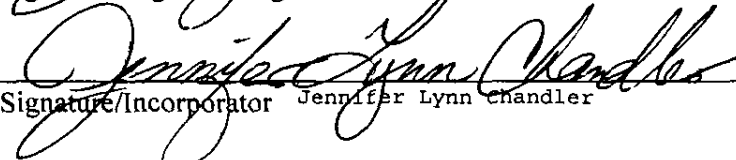
Jennifer Lynn Chandler 305 First Avenue St. Augustine, FL 32084

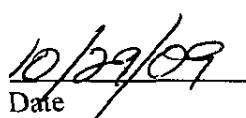
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.


Signature/Registered Agent


Date


Signature/Incorporator Jennifer Lynn Chandler


Date