# N09000010646

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FILED 2009 NOV -2 PH 4:30 Secretary of State

T. Burch NOV \_3 7 4

T. Burch NOV 3 2009

# **COVER LETTER**

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

SUBJECT:	Chandler Meadov	Chandler Meadows Retirement Community, Inc.  (PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)				
	(PROPOSED CORPORA	TE NAME – <u>MUST INCLUI</u>	<u>DE SUFFIX</u> )			
	,					
	t 1 (1) Cd A	• 1 07 1	1 1 6			
enclosed is an origina <b>370.00</b>	I and one (1) copy of the Art	cicles of Incorporation and	a check for :			
<b>√</b> \\$	<b>\$78.75</b>	□\$78.75	<b>\$87.50</b>			
Filing Fee	Filing Fee &	Filing Fee	Filing Fee,			
	Certificate of	& Certified Copy	Certified Copy			
	Status		& Certificate			
		ADDITIONAL CO	PY REQUIRED			
			<del></del>			
3						
FROM	1: Tim Chandler					
Name (Printed or typed)						
3304 Beach Blvd.  Address  Jacksonville, FL 32207						
					City,	_
					904 996 9056	
	Daytime T	<del>-</del> .				
	•	•				
	tim@rivercity-contract					
	E-mail address: (to be used for	future annual report notificati	on)			

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

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit) FILED

### ARTICLE I NAME

The name of the corporation shall be:

Chandler Meadows Retirement Community, Inc.

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SECRETARY OF STAKE TALLAHASSEE, FLORIDA

### 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 Ist 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

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

Jennifer Lynn Signature/Apcorporator