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(City/State/Zip/Phone #)

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(Business Entity Name)

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Certificates of Status \_\_\_\_\_

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FILED  
11 FEB 23 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MRS  
2/1

V411-5305  
1111-3038

## COVER LETTER

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

SUBJECT: ACACIA GROVE RETIREMENT, 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: LENAH ROBLES  
Name (Printed or typed)

10450 VALENCIA RD.  
Address

SEMINOLE, FL 33772  
City, State & Zip

727-515-5114  
Daytime Telephone number

ONEDANBAND@YAHOO.COM  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 JAN 25 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

January 18, 2011

LENAH ROBLES  
10450 VALENCIA RD  
SEMINOLE, FL 33772

SUBJECT: ACACIA GROVE RETIREMENT, INC.  
Ref. Number: W11000003038

We have received your document for ACACIA GROVE RETIREMENT, 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):

Please list the corporation name in Article I of the form.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of 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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 211A00001441



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 FEB 23 AM 11:31  
DIVISION OF CORPORATIONS

January 27, 2011

LENAH ROBLES  
10450 VALENCIA RD  
SEMINOLE, FL 33772

SUBJECT: ACACIA GROVE RETIREMENT, INC.  
Ref. Number: W11000005305

We have received your document for ACACIA GROVE RETIREMENT, 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):

You failed to make the correction(s) requested in our previous letter.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return the corrected original and one copy of 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) 245-6879.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 411A00002364

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

**ARTICLE I NAME**

The name of the corporation shall be:

ACACIA GROVE RETIREMENT, INC.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

10450 VALENCIA RD.  
SEMINOLE, FL 33772

**FILED**  
11 FEB 23 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ESTABLISH AND OPERATE AN ADULT CARE FACILITY  
IN SUCH A WAY THAT WILL QUALIFY THE CORPORATION  
AS A CHARITABLE ORGANIZATION PROVIDING SERVICES TO THE  
AGED AND DISABLED.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:

THIS IS STATED IN THE BYLAWS.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: LENDAH ROBLES, PRESIDENT

Address: 10450 VALENCIA RD.  
SEMINOLE, FL 33772

Name and Title: DAN TUTOLI, VICE PRESIDENT

Address: 10450 VALENCIA RD.  
SEMINOLE, FL 33772

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: LENDAH ROBLES

Address: 10450 VALENCIA RD.  
SEMINOLE, FL 33772

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: LENDAH ROBLES

Address: 10450 VALENCIA RD.  
SEMINOLE, FL 33772

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11 FEB 23 AM 9:06  
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

Lendah Robles

Required Signature of Registered Agent

2-19-11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Lendah Robles

Required Signature of Incorporator

2-19-11

Date