

**NI3000000017**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

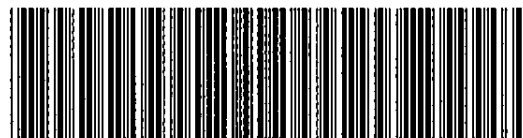
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
**11/5**

Office Use Only



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11/07/12--01003--010    \*\*43.75

10/01/12--01013--004    \*\*35.00

FILED  
12 DEC 31 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

47 56575

**COVER LETTER**

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

**SUBJECT: SALEYMA HEALTH MED WAIVER 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: **FRITZ ALEXANDRE**  
Name (Printed or typed)

**1302 SW PAAR DRIVE**  
Address

**PORT ST. LUCIE, FLORIDA 34953**  
City, State & Zip

**772-408-0574 OR 954-665-1800**  
Daytime Telephone number

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

FILED  
12 DEC 31 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 7, 2012

FRITZ ALEXANDRE  
1302 SW PAAR DRIVE  
PORT ST LUCIE, FL 34953-6155

SUBJECT: SALEYMA HEALTH MED WAIVER SERVICES, INC.  
Ref. Number: W12000056575

We have received your document for SALEYMA HEALTH MED WAIVER SERVICES, 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 have completed the form for a profit corporation.

We are enclosing the proper form(s) with instructions for your convenience.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 912A00027078

RECEIVED  
DEC 31 PM 2:25  
CORPORATION & STATE  
FILING OFFICE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I NAME**

The name of the corporation shall be: **SALEYMA HEALTH MED WAIVER SERVICES, INC.**

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1302 SW PAAR DRIVE  
PORT ST. LUCIE, FLORIDA 34953

Mailing address, if different is:  
1302 SW PAAR DRIVE  
PORT ST. LUCIE, FLORIDA 34953

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Said Organization organized exclusively for Medicaid Waiver Services are provide to people based on their needs. Waivers will provide services to those people who choose to live in the community instead of a Nursing Home or other Institutions. IT IS A NON-PROFIT CORPORATION.

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

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

Name and Title: FRITZ ALEXANDRE P/CEO  
Address: 1302 SW PAAR DRIVE  
PORT ST. LUCIE, FLORIDA 34953

Name and Title: MONICA ST. HILAIRE S  
Address: 1258 SW EMPIRE STREET  
PORT ST. LUCIE, FLORIDA 34983

Name and Title: MARIE EVELYNE JEAN V  
Address: 717 EAST 88TH STREET  
BROOKLYN, NY 11236

Name and Title: SAMANTHA A. ALEXANDRE TR  
Address: 1302 SW PAAR DRIVE  
PORT ST. LUCIE, FLORIDA 34953

Name and Title: MARSHA MILDOR T  
Address: 830 NW 135TH STREET  
N. MIAMI, FLORIDA 33168

Name and Title: QUEENIE E. F. ALEXANDRE TR  
Address: 1302 SW PAAR DRIVE  
PORT ST. LUCIE, FLORIDA 34953

**ARTICLE VI REGISTERED AGENT**

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

Name: FRITZ ALEXANDRE  
Address: 1302 SW PAAR DRIVE  
PORT ST. LUCIE, FLORIDA 34953

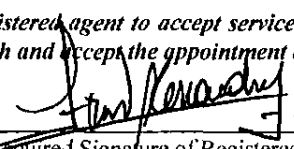
FILED  
12 DEC 31 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

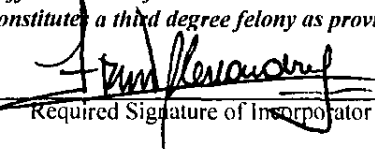
Name: FRITZ ALEXANDRE  
Address: 1302 SW PAAR DRIVE  
PORT ST. LUCIE, FLORIDA 34953

*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*

  
\_\_\_\_\_  
Required Signature of Registered Agent

12-27-2012  
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.*

  
\_\_\_\_\_  
Required Signature of Incorporator

12-27-2012  
Date