

N 13000008240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

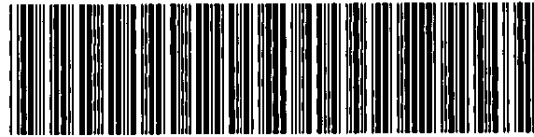
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700250513617

09/16/13--01001--001 **87.50

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATION
2013 SEP 13 PM 1:57
NOT RECORDED
TO ACHIEVE
SUFFICIENCY OF FILING

13 SEP 13 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
FILED

9/13/13

COVER LETTER

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

SUBJECT: Martin County Adult 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: M. Dillon Russell
Name (Printed or typed)

4938 S.E. Major Way
Address

Stuart, FL 34997
City, State & Zip

850-668-5000
Daytime Telephone number

DillonRussell@EmbargoMail.Com
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 13 PM 2:05

APPROVED
AND
FILED

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: Martin County Adult Community, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
4938 S.E. Major Way
M. Dillon Russell
Stuart, FL 34997

Mailing address, if different is:
M. Dillon Russell
P.O. Box 386
Port Salerno, FL 34992-0386

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide adult housing for individuals,
Couples or Small families with physical disabilities,
and/or mental disabilities.

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

According to By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: M. Dillon Russell (P) Name and Title: _____

Address: 4938 S.E. Major Way Address: _____
Stuart, FL 34997

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 SEP 13 PM 2:05

APPROVED
AND
FILED

APPROVED
AND
FILED

13 SEP 13 PM 2:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: M. Dillon Russell
Address: 4938 SE Major Way
Stuart, Fl 34997

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: M. Dillon Russell
Address: 4938 SE Major Way
Stuart, Fl 34997

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

M. Dillon Russell

Required Signature of Registered Agent

9/13/13
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.

M. Dillon Russell

Required Signature of Incorporator

9/13/13
Date