

N 14000000551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

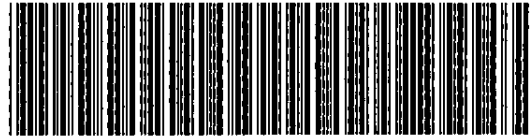
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JAN 22 2014
JAN 22 2014
J. BRYAN

COVER LETTER

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

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TALLAHASSEE FLORIDA

SUBJECT: Atrium Resident Council Holiday Fund, 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: Christopher Kochan
Name (Printed or typed)

1080 NW 15th Street
Address

Boca Raton
City, State & Zip

561-750-7555
Daytime Telephone number

sabrehockey64@aol.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: Atrium Resident Council Holiday Fund, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1080 NW 1th Street

Boca Raton, FL 33486

Mailing address, if different from principal address:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Resident Council of an Assisted Living
community establishing a fund to show their appreciation to the staff and employees
of the community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____
Annual Elections as stated in bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Christopher Kochan

Address: 1080 NW 15th Str
Boca raton FL 33486
Officer

Name and Title: Betty Schmidt

Address: 1080 NW 15th St
Boca raton FL 33486
Officer

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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ARTICLE VI REGISTERED AGENT

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

Name: Christopher Kochan

Address: 1080 NW 15th Street

Boca raton, FL 33486

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Christopher Kochan

Address: 1080 NW 15th Street

Boca raton fl 33486

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

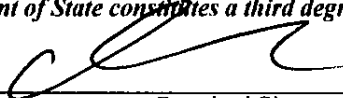


Required Signature of Registered Agent

1/8/14

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

1/8/14

Date