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COVER LETTER

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

SUBJECT: THE GENTLE SHEPHERD ASSISTED LIVING FACILITY, 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: Jean Michel Denis

Name (Printed or typed)

1707 West Oak Street

Address

Kissimmee, FL 34741

City, State & Zip

(407) 257-8087

Daytime Telephone number

jdenis1220@aol.com

E-mail address: (to be used for future annual report notification)

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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: THE GENTLE SHEPHERD ASSISTED LIVING FACILITY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1707 West Oak Street

Kissimmee, FL 34741

Mailing address, if different is:
(Same)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The object and purpose for which this charitable organization is to provide a place for the elderly, the disabled and the disadvantaged to live and assisted with Activities of daily living (ADL)(bathing, dressing, eating, toileting, etc.) while maximizing their independence and self-esteem. In pursuit of theses purposes, the Corporation shall perform these services: Assist resident with health services such as Physical and Occupational therapy, medication management, organized recreational educational activities,housekeeping and maintenance for low and moderate income persons.To fully participate in the deployment, planning, implementation and evaluation of programs to serve low-income seniors and to care for them without regard to race, creed, national origin, political affiliation, organization in the interest of the aging, disabled and disadvantaged persons.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Winy B. Denis – Owner/ President

Address: 2000 Triumfo Circle
Kissimme, FL 34744

Name and Title: Jean Michel Denis – Administrator/ VP

Address: 2000 Triumfo Circle
Kissimme, FL 34744

Name and Title: Jean-Marc Denis – Director

Address: 2000 Triumfo Circle
Kissimme, FL 34744

Name and Title: Myriam Baptiste Norgaisse, RN, Direct

Address: 3025 Big Sky Blvd
Kissimmee FL 34744

Name and Title: Woody Joseph, Director

Address: 1008 N Palm Avenue
Kissimmee, FL 34741

Name and Title: Danielle Joseph, Director

Address: 1008 N Palm Avenue
Kissimmee, FL 34741

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Name and Title: Nathanielle Denis, Director Name and Title: _____
 Address: 2000 Triumfo Circle Address: _____
Kissimme, FL 34744 _____

 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: Jean Michel Denis
 Address: 2000 Triumfo Circle
Kissimmee, FL 34744

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ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jean Michel Denis
 Address: 2000 Triumfo Circle
Kissimmee, FL 34744

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 13th, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

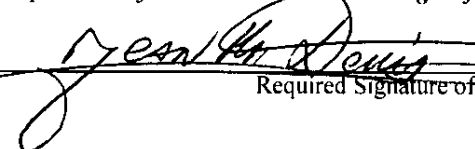
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

June 13th, 2016
 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

June 13th, 2016
 Date