Division of Corporations

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## Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

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From:

Account Name

: FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone

: (305)599-0839

Fax Number

: (305)716-0346

## FLORIDA PROFIT CORPORATION OR P.A.

RICHLAND SENIOR HOME #2, INC.

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Certificate of Status	0
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#### ARTICLE OF INCORPORATION

OF

#### RICHLAND SENIOR HOME # 2, INC.

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

RICHLAND SENIOR HOME # 2, INC.

The principal place of business of this corporation shall be:
721 NW 13 AVENUE
MIAMI, FL. 33125

#### ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

#### ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

 $100 \times $10.00 = $1,000.00$ 

#### ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

OO JAN -7 AM 9: 16 SECRETARY OF STATE

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## ARTICLE Y OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

ILEANA LOPEZ 14215 SW 164 TERRACE MTAMT, FL. 33177

DIRECTOR

## ARTICLE VI INCORPORATOR (S)

The name(s) and street address(es) of the Incorporator(s) to these Article of Incorporation is (are):

1LEANA LOPEZ 14215 SW 164 TERRACE MIAMI, FL. 33177

PRESIDENT, SECRETARY, TREASURER (100 SHARES)

The undersigned : tion this7th	has(have) exc day of	ecuted JANUARY	these Article of In	, jeor <b>b</b> ore
			Signature/sitle	,,
			Signature/Title	<u> </u>
			Signature/Title	<del>-</del>

# CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

	ame of the corporation is:
	ame and address of the registered agent and office
is	ILEANA LOPEZ
	(Name)
	14215 SW 164 TENRACE
	(P. O. BOX MOT ACCEPTABLE)
-	MIAMI, PL. 33177
	(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FUR THER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMACE OF MY DUTIES AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS MY POSITION AS REGISTERED AGENT.

SIGNATURE - (C) (25)	TALL	00	
DATE JANUARY 7, 2000	REJARY	JAN -7	
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