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TRANSMITTAL LETTER FILED

00 JUN 22 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

SUBJECT:

ELDERVIEW INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

9000003301319--5

-06/22/00--01074--010

*****78.75 *****78.75

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

BRAD LUX

Name (Printed or typed)

821 E. 17TH AVE

Address

NEW SMYRNA BCH. FL 32169

City, State & Zip

904-427-3219

Daytime Telephone number

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

PH 6/26/00 ✓

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: **ELDERVIEW INC.,**

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ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: **821 EAST 17TH AVE.
NEW SMYRNA, FL 32169**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO CREATE A HIGHTENED AWARENESS
TO THE VORNURABLE IN OUR NATIONS RETIREMENT CARE HOMES.**

ARTICLE IV SHARES

The number of shares of stock is: **100**

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is: **BRAD LUX
821 EAST 17TH AVE.
NEW SMYRNA, FL 32169**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: **BRAD LUX
821 EAST 17TH AVE
NEW SMYRNA, FL 32169**

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

Signature/Registered Agent

Date

Signature/Incorporator

Date