

P000000090123

TRANSMITTAL LETTER

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 SEP 25 PM 1:05

APPROVED
AND
FILED

SUBJECT: GEORGIA FLORIDA ASSISTED LIVING FACILITY, INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

100003402631--9
-09/25/00--01059--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: ETTA BRINSON
Name (Printed or typed)

ROUTE 4, BOX 4892
Address

MONTICELLO, FLORIDA 32345
City, State & Zip

850.997.5600
Daytime Telephone number

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 SEP 25 PM 12:28

RECEIVED

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

Handwritten signature and date 9-25-00

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:

GEORGIA FLORIDA ASSISTED LIVING FACILITY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

P.O. BOX 418
MONTICELLO, FL 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activities or business permitted under the laws of the United States and Florida. More specifically, to provide an assisted living faciltiy for residents of the State of FL, inncluding but not limited to: residents needing assistance with provison of
(over)

ARTICLE IV SHARES

The number of shares of stock is:

1,000,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

PEGGY WATKINS ROUTE 2, BOX 194A, MONTICELLO, FL 32344
TIMOTHY WATKINS ROUTE 2, BOX 194A, MONTICELLO, FL 32344
ETTA BRINSON ROUTE 4, BOX 4892, MONTICELLO, FL 32345

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

ETTA BRINSON
P.O. BOX 418 / Rt. 2, Box 197B
MONTICELLO, FL 32345

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

ETTA BRINSON
P.O. BOX 418
MONTICELLO, FL 32345

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

Etta Brinson
Signature/Registered Agent

9-22-2000
Date

Etta Brinson
Signature/Incorporator

9-22-2000
Date

APPROVED
AND
FILED
00 SEP 25 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA