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Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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## To:

Division of Corporations  
Fax Number : (850) 922-4001

## From:

Account Name : CAPITAL CONNECTION, INC.  
Account Number : I20000000257  
Phone : (850) 224-8870  
Fax Number : (850) 222-1222

## FLORIDA PROFIT CORPORATION OR P.A.

THE CENTER FOR INDEPENDENT LIVING INC

Certificate of Status	0
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION****OF****THE CENTER FOR INDEPENDENT LIVING INC**

The undersigned subscriber to these Articles of Incorporation under Sub Chapter S, hereby forms a corporation under the laws of the State of Florida.

**ARTICLE I - NAME**

The name of this corporation is: **THE CENTER FOR INDEPENDENT LIVING INC**

The principal place of business of this corporation shall be: **4700 BUCHANAN DRIVE  
FORT PIERCE, FL 34982**

**ARTICLE II - NATURE OF BUSINESS**

This corporation may engage in any business activity permitted under the laws of the United States and the State of Florida.

**ARTICLE III - CAPITAL STOCK**

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is one-hundred (100) shares of common stock with no par value per share.

**ARTICLE IV - TERM OF EXISTENCE**

The existence of the corporation shall commence and shall be perpetual.

**ARTICLE V - OFFICERS DIRECTORS**

The name and street address of the initial officer and director, who shall hold office for the corporation are:

**PRESIDENT:**

**DONNA J IACONA  
1331 SE BUCKINGHAM TERRACE  
PORT ST LUCIE, FL 34952**

**VICE PRESIDENT:**

**EUGENE R IACONA  
1331 SE BUCKINGHAM TERRACE  
PORT ST LUCIE, FL 34952**

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JAILMAN@STATE.FLORIDA

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**ARTICLE VI - INCORPORATOR**

The name and street address of the incorporator to this article of incorporation is:

**DONNA J IACONA**  
**1331 SE BUCKINGHAM TERRACE**  
**PORT ST LUCIE, FL 34952**

WHEREOF, the undersigned incorporator has executed these **ARTICLES OF INCORPORATION** this 28 day of February, 2001.

  
Signature of Incorporator

**STATE OF FLORIDA**  
**COUNTY OF ST. LUCIE**

THE FOREGOING instrument was acknowledged and sworn to before me this 28th day of February, 2001, by Donna Iacona, President of THE CENTER FOR INDEPENDENT LIVING INC

  
Notary Public

(SEAL)

**ARTICLES OF INCORPORATION FILING FEE: \$35.00**  
**REGISTERED AGENT FILING FEE: \$35.00**  
**CERTIFIED COPY REQUESTED: \$8.75**

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**CERTIFICATE OF DESIGNATION**  
**REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325 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.

1. The name of the corporation is: **THE CENTER FOR INDEPENDENT LIVING INC**
2. The name and address of the registered agent and office is:

**DONNA J IACONA**  
**1331 SE BUCKINGHAM TERRACE**  
**PORT ST LUCIE, FL 34952**

  
Corporate Officer

Vice President

Title

2-28-01

Date

HAVE BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325 FLORIDA STATUTES.

  
Registered Agent

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