

PD2000072525

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL -2 PM 2:57

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

SUBJECT: Genesis Assisted Living Facility, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

500006163055--9
-07/03/02--01002--002
*****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: Verda Owens
Name (Printed or typed)

P.O. Box 491
Address

Midway, Florida 32343
City, State & Zip

(850) 574-6122
Daytime Telephone number

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DIVISION OF CORPORATIONS

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

PAW
7-2-02
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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and /or Chapter 621, F.S. (Profit)

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ARTICLE I NAME

GENESIS ASSISTED LIVING FACILITY, INCORPORATION

ARTICLE II PRINCIPAL OFFICE

187 WILLIAMS ROAD
MIDWAY, FLORIDA 32343

PRINCIPAL OFFICE

P.O. BOX 491
MIDWAY, FLORIDA 32343

MAILING ADDRESS

ARTICLE III PURPOSE

THE PURPOSE OF THIS CORPORATION IS TO OPERATE AN ASSISTED LIVING FACILITY IN THE GADSDEN COUNTY AREA FOR THE AGING ADULTS.

ARTICLE IV SHARES

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

Verda Owens, President
P.O. Box 491
Midway, Florida 32343

ARTICLE VI REGISTERED AGENT

Verda Owens
324 Mine Road
Midway, Florida 32343

ARTICLE VII INCORPORATOR

Verda Owens
187 WILLIAMS ROAD
MIDWAY, FLORIDA 32343

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.....
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

Verda Owens
Signature/Registered Agent

7/2/02
Date

Verda Owens
Signature/Incorporator

7/2/02
Date