

TRANSMITTAL LETTER

PO2000124695

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

900007844489--1
-09/19/02--01030--020
*****87.50 *****87.50

SUBJECT: The Curryford Assisted Living Facility Corp
(Proposed corporate name - must include suffix)

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: The Curryford Assisted Living Facility Inc
Name (Printed or typed)

7130 S Orange Blossom Tr. SE
Address

Orlando, Florida 32809
City, State & Zip

407-342-9395
Daytime Telephone number

FILED
02 NOV 22 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W-27414

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



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

September 20, 2002

THE CURRYFORD ASSISTED LIVING FACILITY INC.
7130 S ORANGE BLOSSOM TRAIL SUITE 127
ORLANDO, FL 32809

SUBJECT: THE CURRYFORD ASSISTED LIVING FACILITY INC.
Ref. Number: W02000027416

We have received your document for THE CURRYFORD ASSISTED LIVING FACILITY INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
New Filing Section

Letter Number: 202A00053687

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

FILED
02 NOV 22 PM 1:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

The Curryford Assisted Living Facility Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

*7130 S Orange Blossom Tr
Suite 127
Orlando, Florida 32809*

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

*7130 S Orange Blossom Tr
Suite 127
Orlando, Florida 32809*

MARILYN M. CASTILLO

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

*NAME: MARILYN CASTILLO % 3950 KILWA DR. ORLANDO, FL 328
ADDRESS: FERNANDO L. CASTILLO*

Marilyn Castillo

Signature/Incorporator

9/10/02

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Marilyn Castillo

Signature/Registered Agent

11/12/02

Date