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| (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | | |
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| (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (Requestor's Name) | | | |
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Office Use Only



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FEB 4

TRANSMITTAL LETTER

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

| SUBJECT: Ha | ppy Acres Assisted Living F | | | | |
|--------------------------|-----------------------------------|----------------------------|--|--|--|
| | (PROPOSED CORPORA | TE NAME - MUST INCL | UDE SUFFIX) | | |
| | | | | | |
| | | | | | |
| Enclosed are an orig | final and one (1) copy of the art | icles of incorporation and | d a check for: | | |
| □ \$70.00 | ☑ \$78.75 | □ \$78.75 | \$87.50 | | |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, | | |
| J | & Certificate of Status | & Certified Copy | Certified Copy | | |
| | | } | & Certificate of | | |
| | | | Status | | |
| | | ADDITIONAL CO | PY REQUIRED | | |
| FROM: | Sandra Hall | | | | |
| Name (Printed or typed) | | | | | |
| | 700 Anderson Drive | | | | |
| | | Address | ···· | | |
| | Bonifay, FL 32425 | | and the same of th | | |
| • | City | , State & Zip | | | |
| | 850-547-3708 | | | | |
| Daytime Telephone number | | | | | |

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

| In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | |
|--|------------------------------------|
| ARTICLE I NAME | |
| The name of the corporation shall be: | |
| Happy Acres Assisted Living Facility, Inc | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 700 Anderson OR. Bonifay, F. 32425 ARTICLE III PURPOSE The purpose for which the corporation is organized is: | D3 FEB -4 AM 9: 41 |
| Provide services for limited mental Health resid | |
| ARTICLE IV SHARES | |
| The number of shares of stock is: | |
| 2 shares | • |
| ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) | - · |
| The name(s), address(es) and title(s): | . 1 1 1 |
| Steve Hall, 700 Anderson Dr. Bonifay, 192 32425; Sandra Hall, 700 Anderson Dr. Bonifay, 192 32 | 1978sident 1925, Vica-Preside |
| ARTICLE VI REGISTERED AGENT | |
| The name and Florida street address of the registered agent is: | |
| Sandra Hall 100 Anderson De. | |
| 130nify, FL 32425 | • |
| ARTICLE VII INCORPORATOR | |
| The <u>name and address</u> of the Incorporator is: | |
| Sandra Hall 700 Anderson D. | |
| Bonify, A 3445 *********************************** | ******** |
| Having been named as registered agent to accept service of process for the above stated corporatio certificate, I am familiar with and accept the appointment as registered agent and agree to act in this | on at the place designated in this |
| Sandra Hare | 2/2/83 |
| Sandra Hall | Date |
| Sandra Hare | 2/3/83 |
| Signature/Incorporator | ` Date |

Signature/Incorporator