

**A03000051655**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Nora Michael **GAVE**

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DATE 5-9-03

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03 APR 30 ... 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

403-1307  
S/F

## TRANSMITTAL LETTER

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

SUBJECT: NORA Michael Adult Home Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: NORA Michael  
Name (Printed or typed)

7801 NW 45th Ct  
Address

Lauderhill Fl. 33351  
City, State & Zip

954 748 9279  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

NORA MICHAEL ADULT HOME Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7801 NW 45th Ct. Lauderdale Fl. 33351

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

ADULT Family care home providing boarding, meals and personal care to frail or disabled adult and seniors.

**ARTICLE IV SHARES**

The number of shares of stock is:

NORA Michael - one  
ONEIL Michael - one

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

NORA E. Michael - Director  
7801 NW 45th Ct  
Lauderhill Fl. 33351

**ARTICLE VI REGISTERED AGENT**

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

NORA Michael  
7801 NW 45th Ct. Lauderdale Fl. 33351

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

NORA Michael  
7801 NW 45th Ct  
Lauderhill, Fl. 33351

\*\*\*\*\*

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

Nora Michael  
Signature/Registered Agent

4/28/03  
Date

Nora Michael  
Signature/Incorporator

4/28/03  
Date