

P030000 88402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

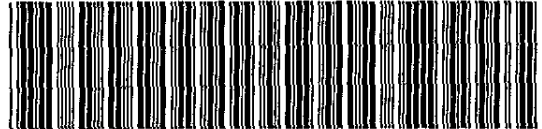
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TRANSMITTAL LETTER

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

SUBJECT:

SHINING STAR Assisted Living Facility, 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:

ALTA Post

Name (Printed or typed)

4910 Pennsbury dr.

Address

Tampa, FL 33624

City, State & Zip

(813) 264-4397

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 6, 2003

ALTA POST
4910 PENNSBURY DR
TAMPA, FL 33624

SUBJECT: SHINING STAR, INC.
Ref. Number: W03000022315

We have received your document for SHINING STAR, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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.)

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) 245-6884.

Shawn Logan
Document Specialist
New Filings Section

Letter Number: 003A00045171

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Shining Star, Assisted Living Facility, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

107 Garland CT.

Tampa, FL. 33613

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

start an Assisted Living facility and
other related activities**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Alta Post - President

scott Post - VP

ARTICLE VI REGISTERED AGENTThe name and Florida street address of the registered agent is:Alta Post
107 Garland CT
Tampa, FL 33613**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:Alta Post
4910 Pennsbury dr.
Tampa, FL 33624

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

Signature/Registered Agent

Signature/Incorporator

8-12-03

Date

8-2-03

Date