

P040000030338

(Requestor's Name)

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☐ PICK-UP

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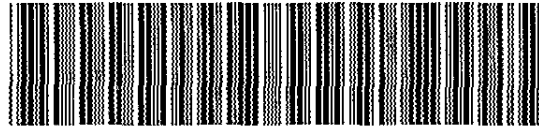
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/23/04--01022--014 **78.75

FILED
04 FEB 16 PM 12:09
TALLAHASSEE, FLORIDA

TFS/1/14/04

TRANSMITTAL LETTER

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

SUBJECT: Wedgefield Adult Family Care 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: Ruben & Emtlyn Tobillo
Name (Printed or typed)

2371 Abalone Blvd
Address

Orlando, FL 32833
City, State & Zip

407 568 1204
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 2, 2004

RUBEN & EMLYN TOBILLO
2371 ABALONE BLVD
ORLANDO, FL 32833

SUBJECT: WEDGEFIELD ADULT FAMILY CARE HOME, INC.
Ref. Number: W04000004465

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

04 FEB 16 AM 11:51

RECEIVED

We have received your document for WEDGEFIELD ADULT FAMILY CARE HOME, 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 document must state the number of shares of authorized stock.

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) 245-6855.

Tammy Hampton
Document Examiner
New Filings Section

Letter Number: 204A00006853

Enclosed for you:

1. Original and one copy of your document (if you have not already filed it)

FILED

04 FEB 16 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
OF
WEDGEFIELD ADULT FAMILY CARE HOME, INC.**

The undersigned, being of full age, does hereby set forth these Articles of Incorporation for the purpose of establishing a Corporation pursuant to Chapter 607 and/or Chapter 621, Florida Statutes (Profit)

**ARTICLE I
NAME**

The name of the corporation shall be WEDGEFIELD ADULT FAMILY CARE HOME, INC.

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business/mailing address is 2371 Abalone Blvd, Orlando, FL 32833

**ARTICLE III
DURATION**

The term of the existence of the Corporation is perpetual. Corporate existence will commence on the filing of these Articles by the Secretary of State.

**ARTICLE IV
SHARES**

The number of shares of authorized stock is: 2

ARTICLE V
PURPOSE

The Corporation shall engage in any activity or business of Adult Family Care Home as permitted under the laws of the United States and the State of Florida.

ARTICLE VI
INITIAL OFFICERS AND/OR DIRECTORS

The directors and officers will be Ruben A. Tobillo Jr. and Emlyn T. Tobillo. A change in the director(s) will be prompted by a sale, right of survivorship or transfer of ownership of Wedgefield Adult Family Care Home, Inc.

ARTICLE VII
REGISTERED AGENT

The name and Florida street address of the registered agent is:
EMLYN TOBILLO, 2371 Abalone Blvd, Orlando, FL 32833

ARTICLE VIII
AMENDMENT

These Articles of Incorporation may be amended as provided by law.

ARTICLE IX
INCORPORATOR

The name and address of the Incorporator is:
EMLYN TOBILLO, 2371 Abalone Blvd, Orlando, FL 32833

ARTICLE X
INDEMNIFICATION

The corporation shall indemnify each Officer and Director, including former Officers and Directors, to the full extent permitted by law.

ARTICLE XI
BY-LAWS

The power to adopt, alter, amend, and repeal the By-laws shall be vested in the Board of Directors, but all alterations, amendments, and repeals of the By-laws must be approved by a majority of the Shareholders.


IN WITNESS WHEREOF, the undersigned have signed these Articles of Incorporation on this 20th day of January, 2004.


Emlyn Tobillo, Incorporator

STATE OF FLORIDA)
COUNTY OF ORANGE)

The foregoing instrument was acknowledged before me this 20th day of January, 2004, by EMLYN TOBILLO of WEDGEFIELD ADULT FAMILY CARE HOME, INC., a corporation, on behalf of the corporation, who is personally known or produced License * as identification.

* Florida Driver's License #


Notary Public
My Commission expires: 8/9/07



Susan Poplau
MY COMMISSION # DD234946 EXPIRES
August 9, 2007
BONDED THRU TROY FAIR INSURANCE, INC.

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR
THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON
WHOM PROCESS MAY BE SERVED,
AND ACCEPTANCE BY REGISTERED AGENT**

In compliance with Section 48.091, Florida Statutes, the following is submitted:

WEDGEFIELD ADULT FAMILY CARE HOME, INC., desiring to organize or qualify under the laws of the State of Florida, with its principal place of business at 2371 Abalone Blvd, Orlando, FL 32833, has named Emlyn Tobillo, located at 2371 Abalone Blvd, Orlando, FL 32833, as its agent to accept service of process within Florida.



EMLYN TOBILLO

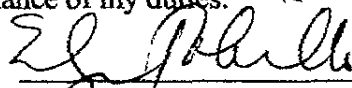
Incorporator

Title

1/20/04

Date

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



EMLYN TOBILLO, Registered Agent

1/20/04

Date