

P050000590/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

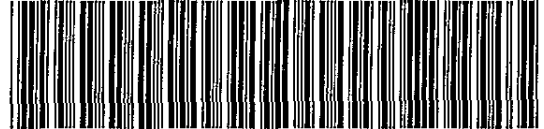
(Business Entity Name)

(Document Number)

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04/06/05--01005--002 \*\*78.75

FILED  
05 APR -6 AM 7:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/22/05  
605-18498  
4/12/05  
-24



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 12, 2005

STEPHANIE ROBERSON  
6095 OXBOW BEND LAND  
PORT ORANGE, FL 32128

SUBJECT: ARBORS CORPORATION  
Ref. Number: W05000018498

We have received your document for ARBORS CORPORATION 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.**

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) 245-6955.

Suzanne Hawkes  
Document Specialist  
New Filings Section

Letter Number: 405A00024927

## TRANSMITTAL LETTER

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

**SUBJECT:** ARBORS ORMOND CORPORATION

**(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:** STEPHANIE ROBERSON

Name (Printed or typed)

6095 OXBOW BEND LANE

Address

PORT ORANGE, FL 32128

City, State & Zip

386-254-0505

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)

**ARTICLE I NAME**

The name of the corporation shall be:

ARBORS ORMOND CORPORATION

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

6095 OXBOW BEND LANE, PORT ORANGE, FL 32128

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO OPERATE AN ASSISTED LIVING FACILITY

**ARTICLE IV SHARES**

The number of shares of stock is:

1,000

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

WILLIAM M. ROBERSON, PRESIDENT

STEPHANIE L. ROBERSON, VICE PRESIDENT/SECRETARY/TREASURER

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

STEPHANIE ROBERSON  
6095 OXBOW BEND LANE  
PORT ORANGE, FL 32128

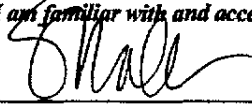
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


STEPHANIE ROBERSON  
6095 OXBOW BEND LANE  
PORT ORANGE, FL 32128

\*\*\*\*\*

*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

4/16/05  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

4/16/05  
\_\_\_\_\_  
Date

FILED

05 APR -6 AM 7:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA