

P05000063907

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(Address)

(Address)

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(Business Entity Name)

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05 APR 29 AM 9:07

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

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

**SUBJECT:** Ponce Adult Family Care, 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:** Lancaster Tax Service, Inc  
Name (Printed or typed)

705 W. Lancaster Rd.  
Address

Orlando, FL 32809  
City, State & Zip

407-857-5229  
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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**ARTICLE I NAME**

The name of the corporation shall be:

Ponce Adult Family Care, Inc

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TALLAHASSEE FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

7224 Jaffery Ct.  
Orlando, Fl 32835

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Adult Family Care

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000 shares at a par value of \$1.00 each.

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

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

Carmen Ponce (President)	Marcello Berenato (Vice President)
7224 Jaffery Ct.	7224 Jaffery Ct.
Orlando, Fl 32835	Orlando, Fl 32835

**ARTICLE VI REGISTERED AGENT**

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

Carmen Ponce (Registered Agent)  
7224 Jaffery Ct.  
Orlando, Fl 32835

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Carmen Ponce (Incorporator)  
7224 Jaffery Ct.  
Orlando, Fl 32835

\*\*\*\*\*

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

Carmen Ponce  
Signature/Registered Agent

04-07-2005

Date

Carmen Ponce  
Signature/Incorporator

04-07-2005

Date