

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
05 MAY 27 PM 12:44

TRANSMITTAL LETTER

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

SUBJECT: THE FOUNTAINS 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: MARGARET SMITH LEWIS
Name (Printed or typed)

P.O. Box 2663
Address

JACKSONVILLE, FL. 3220
City, State & Zip

904-765-2513
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:

THE FOUNTAINS ASSISTED LIVING FACILITY INCORPORATED

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

511 WEST 17TH STREET JACKSONVILLE, FLORIDA 32206

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: PROVIDE ASSISTANCE TO ADULTS WHO REQUIRE HELP WITH THEIR ACTIVITIES OF DAILY LIVING.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARGARET SMITH LEWIS PRESIDENT 8731 7TH AVE JACKSONVILLE
CYNTHIA ELAINE GAITHER VICE PRESIDENT 1014 BUNKER HILL JACKSONVILLE
TWALA WHITE TREASURER 1014 BUNKER HILL JACKSONVILLE

ARTICLE VI REGISTERED AGENT

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

MARGARET SMITH LEWIS
8731 7TH AVE
JACKSONVILLE, FL. 32208

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARGARET SMITH LEWIS
8731 7TH AVE
JACKSONVILLE, FL. 32208

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

Margaret S Lewis
Signature/Registered Agent

5-25-5
Date

Margaret S Lewis
Signature/Incorporator

5-25-5
Date