

POS000080520

(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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JUN -3 PM 4:44 FALLAHASSEE, FLORIDA  
CLERK OF DISTRICT COURT  
JAMES L. HARRIS

JUN 03 2005

## TRANSMITTAL LETTER

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

SUBJECT: Zoe Senior Living Care  
(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: Kimkesia Morgan  
Name (Printed or typed)

1772 Wyeth Dr.  
Address

Tallahassee, FL 32317  
City, State & Zip

(850) 536-5848  
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:

Zoe Senior Living Care Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1772 Wyeth Dr.  
Tallahassee, FL 32317

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide assisted living care to the elderly  
in their homes. Services included are: transportation,  
ADL assist, home safety services, meals and other home care  
services.

## ARTICLE IV SHARES

The number of shares of stock is:

2

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Michael Morgan - OWNER

Kimkesia Morgan - Co-owner  
1772 Wyeth Dr.  
Tallahassee FL 32317

## ARTICLE VI REGISTERED AGENT

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

Michael Morgan  
1772 Wyeth Dr.  
Tallahassee FL 32317

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

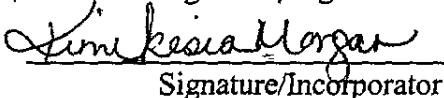
Kimkesia Morgan  
1772 Wyeth Dr.  
Tallahassee FL 32317

FILED  
05 JUN -3 PM 4:51  
TALLAHASSEE, FLORIDA

\*\*\*\*\*  
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

6/3/05  
Date

  
Signature/Incorporator

6/3/05  
Date