

P05000141678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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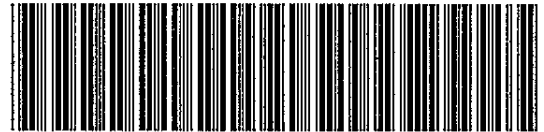
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 OCT 17 PM 1:46

FILED

YES
10/16

COVER LETTER

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

SUBJECT: R. N. 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: LIBERATO A. DOMINGO, JR.
Name (Printed or typed)

4831 BEACON DR WEST
Address

JACKSONVILLE FL 32225
City, State & Zip

(904) 294-7440
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:

R.N. ASSISTED LIVING FACILITY, INC.,

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

~~4835~~ 4831 BEACON DR W.
JACKSONVILLE FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

FOR PROFIT

ARTICLE IV SHARES

The number of shares of stock is:

1,000. @ \$1.00 PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

LIBERATO A. DOMINGO, JR., RN.
TITLE: OWNER - PRESIDENT
4831 BEACON DR W.
JACKSONVILLE FL 32225
(904) 294-7440

ARTICLE VI REGISTERED AGENT

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

LIBERATO A. DOMINGO, JR., RN.
4831 BEACON DR. W.
JACKSONVILLE FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

LIBERATO A. DOMINGO, JR., RN.
4831 BEACON DR W.
JACKSONVILLE FL 32225

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

Signature/Incorporator

10/12/05
Date

10/12/05
Date

05 OCT 17 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED