

PD5000144255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

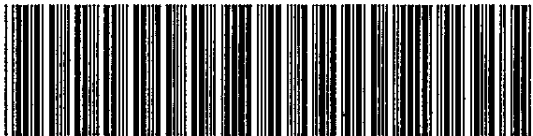
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/21/05--01016--011 **78.75

FILED STATE
SECRETARY OF REVENUE
TALLAHASSEE, FLORIDA
05 OCT 21 AM 9:15

MRB
10/25

COVER LETTER

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

SUBJECT: Assisted Home Living #5
(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: JUAN RAMOS
Name (Printed or typed)

6776 SW 64th.
Address

South Miami FLA. 33143
City, State & Zip

305-218-0000
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)

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

05 OCT 21 AM 9:15

Assisted Home Living Inc. #5

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

mailling Address

102 SW 19 Rd.

6776 SW 64 St.

MIAMI FLA 33129

South MIAMI FL 33143

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisted living facility.

ARTICLE IV SHARES

The number of shares of stock is:

100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JUAN RAMOS

President

6776 SW 64 St.

South MIAMI FL 33143

ARTICLE VI REGISTERED AGENT

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

JUAN RAMOS

6776 SW 64 St.

South MIAMI FL 33143

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

JUAN RAMOS

6776 SW 64 St.

South MIAMI FL 33143

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

10-19-05

Date



Signature/Incorporator

10-19-05

Date