

P05000 156205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

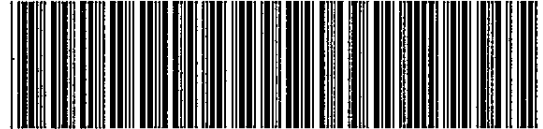
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Special Instructions to Filing Officer:

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Office Use Only



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11/07/05--01025--002 **78.75

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NOV 29 2005
FILING OFFICE
CORPORATIONS

COVER LETTER

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

SUBJECT: CURRYFORD 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: CURRYFORD ASSISTED LIVING FACILITY INC.
Name (Printed or typed)

1025 W. DAK RIDGE RD.
Address

ORLANDO, FL. 32807
City, State & Zip

407-342-9395
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 7, 2005

CURRYFORD ASSISTED LIVING FACILITY INC.
1025 W OAK RIDGE ROAD
ORLANDO, FL 32809

SUBJECT: CURRYFORD ASSISTED LIVING FACILITY INC.
Ref. Number: W05000050096

We have received your document for CURRYFORD ASSISTED LIVING FACILITY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation must be prepared in compliance with section 607.0202, Florida Statutes. Please refer to this section of the law.

We are enclosing the proper form(s) with instructions for your convenience.

An effective date may be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Document Specialist
NEW FILINGS

Letter Number: 405A00066503



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

November 17, 2005

CURRYFORD ASSISTED LIVING FACILITY INC.
1025 W OAK RIDGE ROAD
ORLANDO, FL 32809

SUBJECT: CURRYFORD ASSISTED LIVING FACILITY INC.
Ref. Number: W05000050096

We have received your document for CURRYFORD ASSISTED LIVING FACILITY INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

This document you are filing appears to be for profit and you have it listed as non profit. Non profits do not have shares. Enclosed are the proper forms for a profit corp.

An effective date **may** be added to the Articles of Incorporation **if a 2006 date is needed**, otherwise the date of receipt will be the file date. **A separate article must be added to the Articles of Incorporation for the effective date.**

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Document Specialist
NEW FILINGS

Letter Number: 405A00066503

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:

CURRYFORD ASSISTED LIVING FACILITY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1025 W. OAK RIDGE RD.
ORLANDO, FL. 32809

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ASSISTED LIVING FACILITY BUSINESS
BOARD AND ROOM BUSINESS WITH 24 HRS. SUPERVISION

ARTICLE IV SHARES

The number of shares of stock is:

4000 SHARES

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PRESIDENT - RHEA AMBRAY - 1025 W. OAK RIDGE RD. ORLANDO, FL. 32809
VICE PRESIDENT - AL YAP - SAME ADDRESS
SECRETARY - FRANK BANZON - SAME ADDRESS
TREASURER - ERLINDA FARRER - SAME ADDRESS

ARTICLE VI REGISTERED AGENT

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

AL YAP
1025 W. OAK RIDGE RD
ORLANDO, FL. 32809 - 407-342-9395

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

AL YAP
1025 W. OAK RIDGE RD.
ORLANDO, FL. 32809

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

Date

Signature/Incorporator

Date

05 NOV 29 PM 1:29

FILED
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF ORANGE
FLORIDA

ARTICLES OF INCORPORATION OF

CURRYFORD ASSISTED LIVING FACILITY INC.

THE UNDERSIGNED SUBSCRIBES TO THESE ARTICLES OF INCORPORATION, NATURAL PERSONS COMPETENT TO CONTRACT HEREBY FOR A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

NATURE OF BUSINESS

THE NATURE OF BUSINESS TO BE TRANSACTED BY THIS CORPORATION ARE:

1. TO ENGAGE IN THE BUSINESS OF OWNING A RESIDENTIAL CARE FACILITY.
2. TO CARRY ON ANY OTHER BUSINESS PERMITTED UNDER THE LAWS OF UNITED STATES AND STATE OF FLORIDA.

INITIAL CAPITAL

THE AMOUNT OF CAPITAL WHICH THIS CORPORATION WILL BEGIN BUSINESS IS \$1000.00, ONE THOUSAND DOLLARS.