

P06000082443

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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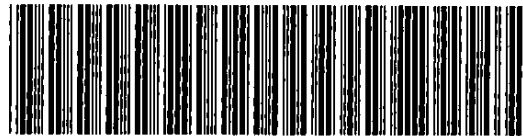
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Da

## TRANSMITTAL LETTER

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

SUBJECT: Arms of Embracement Living Facility Corp  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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:

Angela Louise Moxie  
Name (Printed or typed)

P.O. Box 471  
Address

Belle Glade Florida 33430  
City, State & Zip

561-993-0980 / 561-261-9250  
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2006

ANGELA LOUISE MOODIE  
P.O. BOX 471  
BELLE GLADE, FL 33430

SUBJECT: ARM'S OF EMBRACEMENT LIVING FACILITY CORP  
Ref. Number: W06000025612

We have received your document for ARM'S OF EMBRACEMENT LIVING FACILITY CORP and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent and street address must be consistent wherever it appears in your document.

You must list at least one incorporator with a complete business street address.

Please return 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 850-245-6062.

Paisley A Alford  
New Filing Section  
Division of Corporations

Letter Number: 306A00038687

**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:

Arms of Embracement Living Facility Corp.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

P.O. Box 471 Belle Glade, Florida 33430

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Group Home

**ARTICLE IV SHARES**

The number of shares of stock is:

4

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

The name(s), address(es) and title(s):

Angela Louise Moodie  
P.O. Box 471  
Belle Glade Florida 33430

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:

Angela Louise Moodie

849 S.W Ave I  
Belle Glade FLA 33430

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Angela Louise Moodie

849 S. W Ave I  
Belle Glade FLA 33430

\*\*\*\*\*  
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

Angela Louise Moodie

Signature/Registered Agent

5-01-06  
Date

Angela Louise Moodie

Signature/Incorporator

5-01-06  
Date

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06 JUN 16 AM 8:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA