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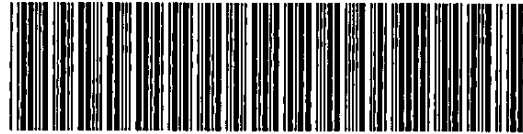
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CB 163106

(SAMPLE LETTER OF TRANSMITTAL)

DATE October 27, 2006

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

Re: Ashton Grove Care, Inc.
(Name of Corporation)

Gentlemen:

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$122.50.

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Noreen L Bessey
(Individual's Name)
Noreen L Bessey

Ashton Grove Care, Inc.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
5101 Lillian Lee Road		
St. Cloud, FL 34771		
PHONE		
(407)	892-2078	
Area Code	Number	Ext.

ARTICLES OF INCORPORATION

of

Ashton Grove Care, Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Ashton Grove Care, Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 30 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS	5101 Lillian Lee Road		
CITY	St. Cloud	FLORIDA	ZIP 34771

Mailing address, if different

STREET ADDRESS	same		
CITY	FLORIDA	ZIP	

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME	Noreen L Bessey		
ADDRESS	5101 Lillian Lee Road		
CITY	St. Cloud	FLORIDA	ZIP 34771

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ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have three (3) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Noreen L Bessey		
ADDRESS	2689 Peggy Drive		
CITY	Kissimmee	STATE	FL ZIP 34744
NAME	Eleazar L Garcia		
ADDRESS	1013 Virginia Avenue		
CITY	St. Cloud	STATE	FL ZIP 34769
NAME	Natividad A. Vargas		
ADDRESS	734 Michigan Court, # 2		
CITY	St. Cloud	STATE	FL ZIP 34769

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Noreen L Bessey		
ADDRESS	2689 Peggy Drive		
CITY	Kissimmee	STATE	FL ZIP 34744
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 27th day of October, 19 2006.

Noreen L Bessey (Signature)

____ (Signature)

____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ashton Grove Care, Inc.

(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 5101 Lillian Lee Road

St. Cloud, FL 34771

has named Noreen L Bessey

located at the aforesaid address, as its registered agent to accept service of process within this state.

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Noreen L Bessey
(Signature)

October 27, 2006

(Date)