

P06000138253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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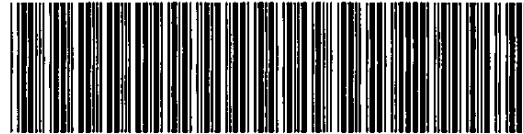
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2006 NOV - 1 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

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

SUBJECT: Middleburg 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: Marie Jenkins  
Name (Printed or typed)

4192 Clove St.  
Address

Middleburg, FL 32068  
City, State & Zip

904-291-3524  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE I NAME**

The name of the corporation shall be:

Middleburg Assisted Living Facility, Inc.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4192 Clove St., Middleburg, Fl. 32068

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Conduct business as an assisted living facility

**ARTICLE IV SHARES**

The number of shares of stock is:

1

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Marie Jenkins, Pres.  
4192 Clove St.  
Middleburg, Fl. 32068

**ARTICLE VI REGISTERED AGENT**

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

Marie Jenkins  
4192 Clove St.  
Middleburg, Fl. 32068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Marie Jenkins  
4192 Clove St.  
Middleburg, Fl. 32068

\*\*\*\*\*  
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

Marie Jenkins

Signature/Registered Agent

10-30-06

Date

Marie Jenkins

Signature/Incorporator

10-30-06

Date