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or 1/18/07

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

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07 JAN 17 PN 3:54

CECRETANT UT STATE TALLAHASSEE, FLORIDA

SUBJECT:

Emanuel Group Home ALF, Inc

(Proposed corporate name must include suffix)

Enclosed are an	original and	fone (1) copy	of the articles	of incorp	oration and a chec	ck for:
		\$78.75			\$87.50	
	Filing Fee	Filing Fee	Filing Fee	, -	Filing Fee, Certifi	ed Copy
		& Certificate	& Certified C	Сору	& Certificate	

FROM:

Alida St Hilaire
Name (Printed or typed)

3751 NW 115 Way Address

Coral Springs, Florida 33065
City. State & Zip

954 -825-1065 Daytime Telephone number

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

. ARTICLES OF INCORPORATION

Emanuel Group Home ALF, Inc

The undersigned, acting as in compliance with Chapter 607 and/or Chapter 621, F.S. (Profit).

ARTICLES I

The names of the corporation, hereafter referred to as the "Corporation" is Emanuel Group Home ALF, Inc

ARTICLES II

Principle business address, 3751 NW 115 Way, Coral Springs, Florida 33065 Mailing address: Same

ARTICLE III

PURPOSE

The Purpose for which the corporation is organized is:

Adult Living Facility

ARTICLE IV

SHARES:

The Number of Shares of Stock Is:

1000

ARTICLE V

The names and addresses of the initial corporations are as follows:

Alida St Hilaire - President 3751 NW 115 Way

Coral Springs, Florida 33065

Gosue St Hilaire - Vice President/Treasurer

3751 NW 115 Way

Coral Springs, Florida, 33065

Wilda St Hilaire - Secretary 3751 NW 115 Way

Coral Springs, Florida 33065

ARTICLE VI

The Name and address of the Incorporator is:

Alida St Hilaire - President

3751 NW 115 Way

Coral Springs, Florida 33065

Date

President, Incorporator

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607 0501 or 617 0501, Florida Statutes, the undersigned Corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida

1. The name of the corporation is

Emanuel Group Home ALF, Inc

2. The name and address of the registered agent and office

Alida St Hilaire (NAME)

3751 NW 115 Way (Address)

(P 0 BOX NOT ACCEPTABLE)

Coral Springs, Florida 33065

(City, State & Zip)

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 statues relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as the registered agent.

SIGNATURE

DATE