

PO200022384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

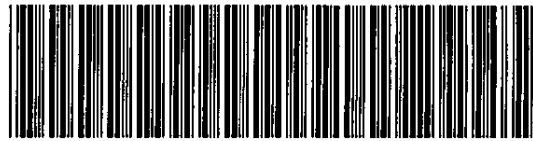
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2007 FEB 19 AM 9:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

SUBJECT: SUNSHINE QUEST ACREAS, 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: EMANUEL A. MOORE, ESQ.

Name (Printed or typed)

1700 W. VINE STREET

Address

KISSIMMEE, FLORIDA 34741

City, State & Zip

407-931-0003

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)

## **ARTICLE I NAME**

The name of the corporation shall be:

SUNSHINE QUEST ACREAS, INC.

## **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

2900 Old Canoe Creek Road  
Saint Cloud, FL 34772

## **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

COMMUNITY LIVING FACILITY FOR SENIORS.

## **ARTICLE IV SHARES**

The number of shares of stock is:

500 Shares

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

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

Emanuel A. Moore /President, 2900 Old Canoe Creek Rd., St. Cloud, FL 34772

Hilda Garcia-Moore /VicePresident, 2900 Old Canoe Creek Rd., St. Cloud, FL 34772

Jose A. Quiles / Secretary-Treasurer, 2900 Old Canoe Creek Rd., St. Cloud, FL 34772

## **ARTICLE VI REGISTERED AGENT**

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

Emanuel A. Moore, 2900 Old Canoe Creek Rd., St. Cloud, FL 34772


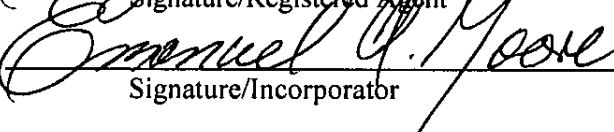
## **ARTICLE VII INCORPORATOR**

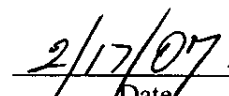
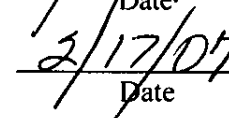
The name and address of the Incorporator is:

Emanuel A. Moore, 2900 Old Canoe Creek Rd., St. Cloud, FL 34772

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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  
  
\_\_\_\_\_  
Signature/Incorporator

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date

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