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|---|--------------------|-------------|
| (Requestor's Name)                      |                    |             |
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| (Address)                               |                    |             |
|   |                    |             |
| (Address)                               |                    |             |
|   |                    |             |
| (Cit                                    | ty/State/Zip/Phone | e #)        |
|   |                    |             |
| PICK-UP                                 | WAIT               | MAIL        |
| ,                                       |                    |             |
| (Business Entity Name)                  |                    |             |
|   | •                  | •           |
| (Do                                     | cument Number)     |             |
| (3.5                                    | ,                  |             |
| Certified Copies                        | _ Certificates     | of Status   |
| Certified Copies                        | _ Certificates     | o Oi Otatus |
|   |                    |             |
| Special Instructions to Filing Officer: |                    |             |
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SECRETARY OF STATE
TALLAHASSEE, FI OBLE

J. SHIVOTS APR 0 0 2007

## **COVER LETTER**

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

SUBJECT: ASSISTED LIVING OF Palm Beach Gardens 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 \cdot \$78.75\$

Filing Fee Filing Fee & Filing Fee, & Certificate of Status

\*\*Certificate of Status\*\*

\*\*ADDITIONAL COPY REQUIRED\*\*

FROM: Tina Sanders

Name (Printed or typed)

P. O. Box 741064

Address

Boyn-ton Box F1 33474

City, State & Zip

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) The name of the corporation shall be: Assisted Living of Palm Beach Gardens Inc ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 8843 Jaspers Dr. Boynton Beach, F1 33437 The purpose for which the corporation is organized is: Congregate Care Facility ARTICLE IV SHARES The number of shares of stock is: 1000 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): Maurice H. Smith Vice President Tina Sanders President /Treasurer 8843 Jaspers Dr. 7380 Burgess Drive Lake Worth, Fl 33467 Boynton Beach, Fl 33437 REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Tina Sanders 8843 Jasper Drive Boynton Beach, Fl 33437 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Tina Sanders 8843 Jaspers Dr. Boynton Beach, Fl 33437 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 4-5-07