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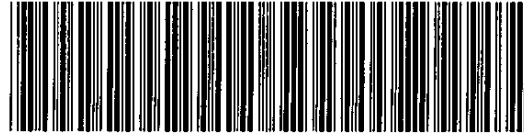
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRET
TALLAHASSEE, FLORIDA

07 AUG 27 PM 3:59

APPROVED
FILED

COVER LETTER

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

SUBJECT: HAMILTON ASSISTED LIVING, 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: Thomas W. Kaufman
Name (Printed or typed)

4905 West Laurel Street #200
Address

Tampa, FL 33607
City, State & Zip

813-286-8818
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 16, 2007

QUINTAIROS, PRIETO, WOOD & BOYER P.A.
9200 SOUTH DADELAND BLVD.
SUITE #PH-825
MIAMI, FL 33156

Upon receipt of your letter and/or check(s) totaling \$78.75, no document was found.
Please return your check along with the proper form.

If you have any further questions concerning your document, please call (850) 245-6921.

Maryanne Dickey
Document Specialist Supervisor
New Filing Section

Letter Number: 007A00049941

Please see attached!

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:

Hamilton Assisted Living, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

5201 5th Avenue North
St. Petersburg, Florida 33710

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

All lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

President
Gwendolyn Harriott
5201 5th Avenue North
St. Petersburg, FL 33710

Secretary
Gwendolyn Harriott
5201 5th Avenue North
St. Petersburg, FL 33710

ARTICLE VI REGISTERED AGENT

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

Thomas W. Cauffman
Quintairos, Prieto, Wood and Boyer, P.A.
4905 West Laurel Street #200
Tampa, Florida 33607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Thomas W. Cauffman
Quintairos, Prieto, Wood and Boyer, P.A.
4905 West Laurel Street #200
Tampa, Florida 33607

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 27 PM 3:01

APPROVED
FILED