

PD7000/17346

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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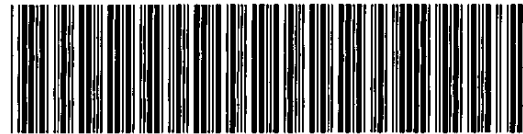
(Business Entity Name)

(Document Number)

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

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07 OCT 25 PM 3:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/4

COVER LETTER

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

SUBJECT: MARTHA'S RETIREMENT HOME 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: ANDRE VILME  
Name (Printed or typed)

16156 66 COURT NORTH  
Address

LOXAHATCHEE, FL. 33470  
City, State & Zip

561-909-8323  
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:

MARTHA'S RETIREMENT HOME

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

3586 53 AVENUE N.  
ST. PETERSBURG FL. 33714.

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

OPERATE NURSING HOME, AND ALF FACILITIES.  
AND ANY OTHER ACTIVITIES, THE BOARD AUTHORIZES.

**ARTICLE IV SHARES**

The number of shares of stock is:

200

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

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

ANDRE VILME - PRESIDENT - 16156 66 COURT N.  
LOXAHATCHEE, FL. 33470

MARIE VILME - V. PRESIDENT 16156 66 COURT N.  
LOXAHATCHEE, FL 33470

**ARTICLE VI REGISTERED AGENT**

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



ROBERT HANSON  
913 SPOONBILL CIRCLE  
WESTON FL. 33326.

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ANDRE VILME  
16156 66 COURT N.  
LOXAHATCHEE, FL 33470.

\*\*\*\*\*  
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

10/19/07  
\_\_\_\_\_  
Date  
10/19/07  
\_\_\_\_\_  
Date