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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

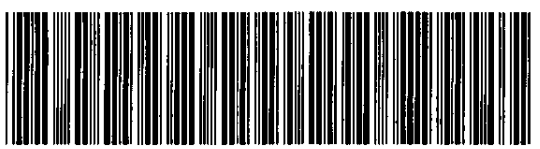
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 DEC 13 AM 11:00

Ep 12/14/07

## COVER LETTER

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

SUBJECT: NINI'S TENDER LOVING CARE ALF, CORP  
(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: ENID FLEITAS

Name (Printed or typed)

5118 ELDORADO DRIVE

Address

TAMPA, FLORIDA 33615

City, State & Zip

813-562-5182

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:

**NINI'S TENDER LOVING CARE ALF,CORP**

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailing address is:

5118 ELDORADO DRIVE  
TAMPA, FLORIDA 33615

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

**ELDER LONG TERM CARE**

### **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):

ENID FLEITAS    PRESIDENT,DIRECTOR  
5119 ELDORADO DRIVE  
TAMPA, FLORIDA 33615

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**ARTICLE VI REGISTERED AGENT**

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

ENID FLEITAS  
5119 ELDORADO DRIVE  
TAMPA, FLORIDA 33615

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

ENID FLEITAS  
5519 ELDORADO DRIVE  
TAMPA, FLORIDA 33615

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DIVISION OF CORPORATIONS  
07 DEC 13 AM 11:00

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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

12/01/2007

Date



Signature/Incorporator

12/01/2007

Date