

P080000024485

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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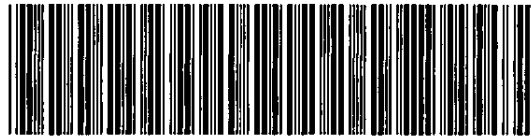
Certificates of Status _____

Special Instructions to Filing Officer:

File 2nd

W05-10606

Office Use Only



000118605330

02/25/08--01045--006 **78.75

FILED

2008 MAR -7 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8 Burch MAR 10 2008

COVER LETTER

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

SUBJECT: THE GOOD SHEPHERD ASSISTED LIVING FACILITY CENTER, 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: JEAN M. DENIS
Name (Printed or typed)

1707 WEST OAK ST.
Address

KISSIMMEE FL 34741
City, State & Zip

(407) 257-8087
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 28, 2008

JEAN M DENIS
1707 WEST OAK ST
KISSIMMEE, FL 34741

SUBJECT: THE GOOD SHEPHERD ASSISTED LIVING FACILITY CENTER,
INC.
Ref. Number: W08000010606

We have received your document for THE GOOD SHEPHERD ASSISTED LIVING FACILITY CENTER, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 008A00012543

Corrected

RECEIVED
08 MAR -7 AM 8:00
DIVISION OF CORPORATIONS

AFFIDAVIT

Date: 2-21-2008

Document No.: N07000000834

County: Osceola

This Affidavit is related to the enclosed Articles of Dissolution for the corporation named: THE GOOD SHEPHERD ASSISTED LIVING FACILITY CENTER, INC.

This to certify that there will not be a Revocation of Dissolution of NonProfit Corporation filed for this company.

Therefore the name: THE GOOD SHEPHERD ASSISTED LIVING FACILITY CENTER, INC. can be released to be used again as it is being reused in the enclosed Profit Articles of Incorporation application.

Jean M. Denis

Jean M. Denis
(Signature)

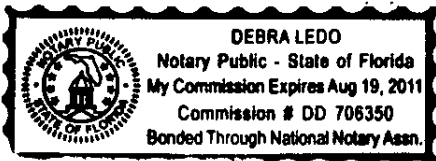
owner / Director
(Title)

STATE OF FLORIDA

COUNTY OF: Osceola

Sworn to (or affirmed) and subscribed before me this 21 day of February, 2008.

By JEAN M DENIS
(Name of Applicant)



Debra Ledo

Signature of Notary Public

My Commission expires:

8/19/2011

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:

THE GOOD SHEPHERD ASSISTED LIVING FACILITY CENTER, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1707 WEST OAK STREET
KISSIMMEE, FL 34741

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO provide private assisted living in a homelike environment designed to maximize the independence and self-esteem of limited mobility of our residents who are unable to live on their own.

ARTICLE IV SHARES

The number of shares of stock is:

~~100~~ 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

JEAN M. DENIS, OWNER/DIRECTOR
2000 TRIUMFO CR.
KISSIMMEE FL 34744

WINY B. DENIS, OFFICER
2000 TRIUMFO CR.
KISSIMMEE, FL 34744

DANIELLE DENIS, OFFICER
2000 TRIUMFO CR.
KISSIMMEE, FL 34744

FILED
2008 MAR - 7 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI - REGISTERED AGENT

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

JEAN M. DENIS
2000 TRIUMFO CR.
KISSIMMEE FL 34744

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEAN M. DENIS
2000 TRIUMFO CR.
KISSIMMEE, FL 34744

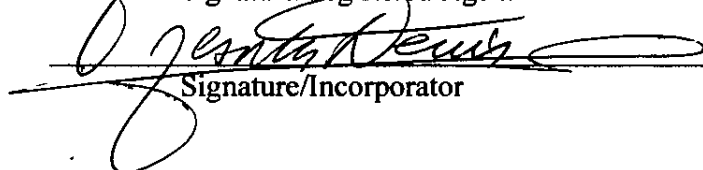
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent



Date



Signature/Incorporator



Date