

P08000026492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

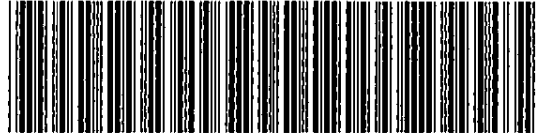
(Business Entity Name)

(Document Number)

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

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03/12/08--01007--015 \*\*

FILED  
08 MAR 12 AM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3113  
SD

## COVER LETTER

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

SUBJECT: Mary's Senior Family Care 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: Stephanie Marie Licavoli

Name (Printed or typed)

306 Woods Lake Drive

Address

Cocoa, FL 32926

City, State & Zip

321-536-7862

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:

Mary's Senior Family Care Home Inc.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal place of business/mailling address is:

585 N. Courtenay Pkwy #101

Merritt Island, Fl. 32953

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

### **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):

Stephanie Licavoli, 306 Woods Lake Drive

Cocoa Fl 32926

**FILED**  
08 APR 12 PM 8:00  
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:  
Stephanie Licavoli 306 Woods Lake Drive Cocoa Fl 32926

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08 MAR 12 AM 6:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:  
Stephanie Licavoli 306 Woods Lake Drive Cocoa Fl 32926

\*\*\*\*\*  
*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*

Stephanie Marie Licavoli  
Signature/Registered Agent

3-6-08  
Date

Stephanie Marie Licavoli  
Signature/Incorporator

3-6-08  
Date