

Division of Corporations

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6391

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
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FLORIDA PROFIT/NON PROFIT CORPORATION

Victorian Assisted Living Facility Inc.

Certificate of Status	1
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DIVISION OF CORPORATION

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ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Victorian Assisted Living Facility Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Victorian Assisted Living Facility Inc.

**4610 NW 115th Terrace
Sunrise, FL 33323**

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Dorothy Stoddard-Dantele
4022 SW Bamberg Street
Port St. Lucie, FL 34953**

Prepared By:

Bruce B. Hubbard

77 East John St.

Hicksville, New York 11801

1-516-835-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Dorothy Stoddard-Daniels - 3273 SW Constellation St., Port St. Lucie, FL 34953- President/Director

Patrick Lilavois - 12 Tina Lane, Burlington, NJ 08016- Secretary/Director

Aldy Lilavois - 5006 Hana Road, Edison, NJ 08817 - Director

ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Dorothy Stoddard-Daniels - 3273 SW Constellation St., Port St. Lucie, FL 34953

Patrick Lilavois - 12 Tina Lane, Burlington, NJ 08016

Aldy Lilavois - 5006 Hana Road, Edison, NJ 08817

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

31st day of March 2008.


Dorothy Stoddard-Daniels - Signature


Patrick Lilavois - Signature


Aldy Lilavois - Signature

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **Victorian Assisted Living Facility Inc.**

2. The name and address of the registered agent and office is:

Dorothy Stoddard-Daniels

Name

4022 SW Bamberg Street

(P.O. Box or Mail Drop Box NOT Acceptable)

Port St. Lucie, FL 34953

(City / State / Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Dorothy Stoddard-Daniels
SIGNATURE

March 31, 2008

(Date)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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