

P08000064398

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

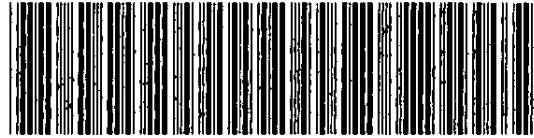
(Document Number)

Certified Copies _____

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08 JUL - 7 PM 4:17
TALLAHASSEE, FL 32309

7/1/08

COVER LETTER

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

SUBJECT: Xavier Quest Institutes- Assisted Living Facility 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: Elaine Quest
Name (Printed or typed)

3640 Meadowlark way
Address

West Melbourne, Fl 32904
City, State & Zip

(321) 725-8002
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:

Xavier Quest Institutes- Assisted Living Facility Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

865 Reading St. S.E. Palm Bay, Fl 32909

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Adult assisted living care, and transport

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):

Elaine Quest

3640 Meadowlark way

West Melbourne, Fl 32904

President

ARTICLE VI REGISTERED AGENT

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

Elaine Quest

3640 Meadowlark way

West Melbourne, Fl 32904

ARTICLE VII INCORPORATOR

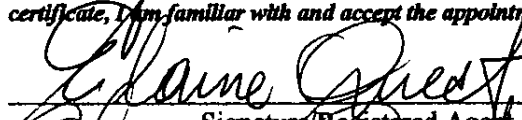
The name and address of the Incorporator is:

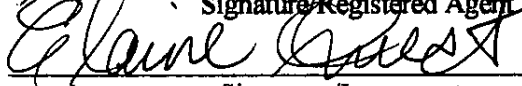
Elaine Quest

3640 Meadowlark way

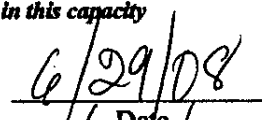
West Melbourne, Fl 32904

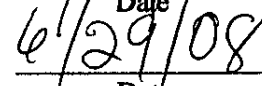
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent


Signature/Incorporator



Date


Date

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