

P08000074209

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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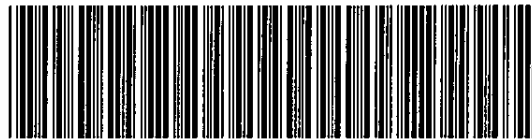
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Fort Leonard Healthcare 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: Lynette N Boyd
Name (Printed or typed)

1415 California St.
Address

Tallahassee, FL 32304
City, State & Zip

(850) 297-0005
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Fort Leonard Healthcare Inc.

ARTICLE II PRINCIPAL OFFICE

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

1415 California St.
Tallahassee FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to organize and provide assistance
in the manner of group homes, home health, and adult care.

ARTICLE IV SHARES

The number of shares of stock is:

10 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Lynette N Boyd, Director/owner
1415 California Street
Tallahassee FL 32304

ARTICLE VI REGISTERED AGENT

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

Lynette N Boyd
1415 California St.
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Lynette N Boyd
1415 California St.
Tallahassee FL 32304

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

Lynette N Boyd
Signature/Registered Agent

8/8/08
Date

Lynette N Boyd
Signature/Incorporator

8/8/08
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA