

P08000 087246

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

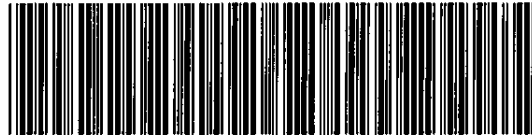
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Certified Copies ☒

Certificates of Status ☒

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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2008 SEP 23 PM 2:15  
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TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
J. Shivers SEP 23 2008

## COVER LETTER

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

**SUBJECT:** Assured Assisted Living, 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:** Assured Assisted Living, Inc

Name (Printed or typed)

2909 Fairchild Ct

Address

Tallahassee, FL 32309

City, State & Zip

850-523-0339

Daytime Telephone number

**FILED**  
08 SEP 23 PM 2:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Assured Assisted Living, Inc

**ARTICLE II PRINCIPAL OFFICE**

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

2909 Fairchild Ct, Tallahassee, FL 32309

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Start New 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):

Greta Oliver, 2909 Fairchild Ct, Tallahassee, FL 32309, President

Jessica McKnight, 2909 Fairchild Ct, Tallahassee, FL 32309, Vice-President

**ARTICLE VI REGISTERED AGENT**

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

Greta Oliver, 2909 Fairchild Ct, Tallahassee, FL 3230

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:


Greta Oliver, 2909 Fairchild Ct, Tallahassee, FL 3230

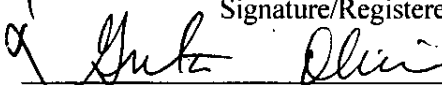
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


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*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

 9-23-08  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

 9-23-08  
\_\_\_\_\_  
Date