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2009 FEB -5 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers FEB 06 2009

COVER LETTER

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

SUBJECT: A Touch of Class Adult Care, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Christine Davis

Name (Printed or typed)

537 SW Whitmore Dr.

Address

Port St. Lucie, FL 34984

City, State & Zip

772-626-9589

Daytime Telephone number

2009 FEB -5 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

A Touch of Class Adult Care, Inc.

ARTICLE II PRINCIPAL OFFICE

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

537 SW Whitmore Dr.
Port St. Lucie, FL 34984

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisted Living

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):

Christine Davis
537 SW Whitmore Dr.
Port St. Lucie, FL 34984
President

ARTICLE VI REGISTERED AGENT

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

Christine Davis
537 SW Whitmore Dr.
Port St. Lucie, FL 34984

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Christine Davis
537 SW Whitmore Dr.
Port St. Lucie, FL 34984

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

2009 FEB -5 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

1/29/09
Date
1/29/09
Date