

PD9888034997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

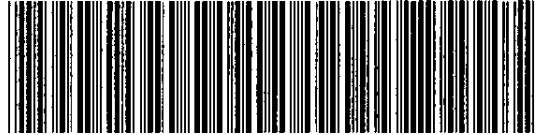
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
STATE

MRS  
4/20

## COVER LETTER

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

**SUBJECT:** ADULT FAMILY CARE HOME MARTHA ROMAN CORP.

(**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:** MARTHA ROMAN

Name (Printed or typed)

10275 SW 34 STREET

Address

MIAMI, FLORIDA 33165

City, State & Zip

305-225-2726

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:

ADULT FAMILY CARE HOME MARTHA ROMAN CORP.

**ARTICLE II      PRINCIPAL OFFICE**

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

ADULT FAMILY CARE HOME MARTHA ROMAN CORP.  
10275 SW 34 STREET  
MIAMI, FLORIDA 33165

**ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

THE CORPORATION MAY ENGAGE IN ANY BUSINESS PERMITTED UNDER THE LAWS OF THE STATE OF FLORIDA.

**ARTICLE IV      SHARES**

The number of shares of stock is:

THIS CORPORATION IS AUTHORIZED TO ISSUE 100 SHARES OF NON PAR VALUE COMMON VOTING STOCKS

**ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

MARTHA ROMAN  
PRESIDENT-SECRETARY-TREASURER-DIRECTOR  
10275 SW 34 STREET  
MIAMI, FLORIDA 33165

**ARTICLE VI      REGISTERED AGENT**

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

THE NAME AND STREET ADDRESS OF THE INITIAL REGISTERED AGENT OF THE CORPORATION IS:  
MARTHA ROMAN  
10275 SW 34 STREET  
MIAMI, FLORIDA 33165

**ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

MARTHA ROMAN  
10275 SW 34 STREET  
MIAMI, FLORIDA 33165

\*\*\*\*\*

*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

04/15/2009

\_\_\_\_\_  
Date



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

04/15/2009

\_\_\_\_\_  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA