

P09000099025

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WD900050702

12-08-09

## COVER LETTER

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

SUBJECT: Assisted Living Facility  
(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: LAYO CARE, INC  
Name (Printed or typed)

7717 Alhambra Blvd  
Address

Mirama, FL 33023  
City, State & Zip

954-573-0460  
Daytime Telephone number

ffadamelekun@yahoo.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**



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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

November 17, 2009

FLORENCE O. ADAMOBEGUN

ADAMOLEKUN (FA)

7717 ALHAMBRA BLVD  
MIRAMA, FL 33023

SUBJECT: LAYO CARE, INC.  
Ref. Number: W09000050702

We have received your document for LAYO CARE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not serve as its own registered agent. Please designate an individual or another active entity filed or registered with this office, having a Florida street address.

An effective date may be added to the Articles of Incorporation if a 2010 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Christine Haney  
Senior Clerk  
New Filing Section

Letter Number: 809A00035804

# 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:

LAYO CARE, INC.

## ARTICLE II PRINCIPAL OFFICE

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

7717 ALHAMBRA BOULEVARD  
MIRAMAR, FLORIDA 33023

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ASSISTED LIVING FACILITY

## ARTICLE IV SHARES

The number of shares of stock is:

1000 SHARES OF STOCK

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

FLORENCE O. ADAMOLEKUN  
1300 ST. CHARLES PLACE APT. 514  
PEMBROKE PINES, FLORIDA 33026

## ARTICLE VI REGISTERED AGENT

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

FLORENCE O. ADAMOLEKUN  
1300 ST. CHARLES PLACE APT. 514  
PEMBROKE PINES, FLORIDA 33026

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

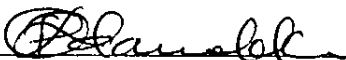
FLORENCE O. ADAMOLEKUN  
1300 ST. CHARLES PLACE APT. 514  
PEMBROKE PINES, FLORIDA 33026

\*\*\*\*\*

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

12/3/09  
Date

12/3/09  
Date

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