

P09000099999

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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W09000052365
ncl

12-14-09
ncl

COVER LETTER

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

SUBJECT: EL PINAR ASSISTED LIVING FACILITY, 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: Pablo Gonzalez
Name (Printed or typed)

17246, 43 Road North
Address

Loxahatchee, FL 33470
City, State & Zip

561-308-7373
Daytime Telephone number

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

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 DEC 11 AM 11:56

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

December 1, 2009

PABLO GONZALEZ
17246 43 ROAD NORTH
LOXAHATCHEE, FL 33470

SUBJECT: EL PINAR ASSISTED LIVING FACILITY, INC.
Ref. Number: W09000052365

We have received your document for EL PINAR ASSISTED LIVING FACILITY, 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):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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: 809A00036837

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:

EL PINAR ASSISTED LIVING FACILITY, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17246, 43 ROAD N.
LOXAHATCHEE, FL 33470

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

SPECIFIC PURPOSE FOR A PROFESSIONAL CORPORATION

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):

PABLO GONZALEZ, PRESIDENT.
17246, 43 ROAD N.
LOXAHATCHEE, FL 33470

ARTICLE VI REGISTERED AGENT

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


PABLO GONZALEZ
17246, 43 ROAD N.
LOXAHATCHEE, FL 33470

ARTICLE VII INCORPORATOR

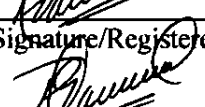
The name and address of the Incorporator is:

PABLO GONZALEZ
17246, 43 ROAD N.
LOXAHATCHEE, FL 33470

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

FILED
09 DEC 11 PM 3:20

12/5/09

Date

12/5/09

Date