

P10000026581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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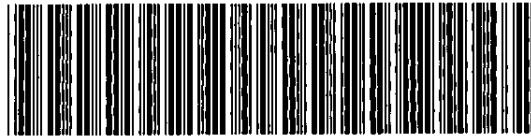
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10 MAR 26 PM 2:59

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

10 MAR 26 PM 3:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
3/26

COVER LETTER

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

SUBJECT: SKYLINE Assisted Living
(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: TADDESSE MERSHA
Name (Printed or typed)

2226 WEST TENNESSEE ST.
Address

TALLAHASSEE FL. 32304
City, State & Zip

(850) 459-3268
Daytime Telephone number

MERSHA, TADDESSE@Yahoo.com
E-mail address: (to be used for future annual report notification)

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:

SKYLINE ASSISTED LIVING INC.

ARTICLE II PRINCIPAL OFFICE

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

2226 WEST TENNESSEE ST
TALLAHASSEE, FL 32304

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To make profit by assisting needy people

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):

TADDESSE MERSHA - President
HABIB MOHAMMEDOUR - SECRETARY
HAREGEWOIN MERSHA - Treasurer

ARTICLE VI REGISTERED AGENT

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

~~2226 W.~~ TADDESSE MERSHA
2226 WEST TENNESSEE ST
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

TADDESSE MERSHA
2226 WEST TENNESSEE ST
Tallahassee, FL 32304

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

Tadde Mersha
Signature/Registered Agent

Tadde Mersha
Signature/Incorporator

03-26-10
Date

03-26-10
Date

FILED
10 MAR 26 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA