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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

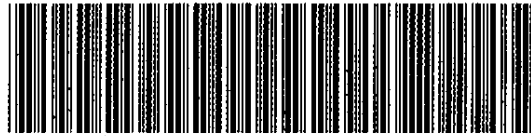
(Document Number)

Certified Copies _____

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10 APR -5 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. O'Connell APR - 5 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AUTUMN BREEZE ALF

Name of Resulting Florida Profit Corporation

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Jean Andral Milhomme

Contact Person

N/A

Firm/Company

P.O. BOX 5265

Address

Lakeland, FL 33807

City, State and Zip Code

milhommejean@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie S Possible

Name of Contact Person

at (863)

292-0780

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$105.00 Filing Fees ☒ \$113.75 Filing Fees and Certificate of Status ☐ \$113.75 Filing Fees and Certified Copy ☐ \$122.50 Filing Fees, Certified Copy, and Certificate of Status

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2010

JEAN ANDRAL MILHOMME
PO BOX 5265
LAKELAND, FL 33807

SUBJECT: AUTUMN BREEZE, ASSISTED LIVING FACILITY (ALF)
Ref. Number: W10000011142

We have received your document for AUTUMN BREEZE, ASSISTED LIVING FACILITY (ALF) and your check(s) totaling \$113.70. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return 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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 610A00005423

Certificate of Conversion

For

"Other Business Entity"

Into

Florida Profit Corporation

FILED
10 APR -5 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a **Florida Profit Corporation** in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

AUTUMN BREEZE, ALF, LLC

LO9-29001

Enter Name of Other Business Entity

2. The "Other Business Entity" is a LLC
(Enter entity type. Example: limited liability company, limited partnership,
general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA
(Enter state, or if a non-U.S. entity, the name of the country)

on March 24, 2009
Enter date "Other Business Entity" was first organized, formed or incorporated

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

none

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

AUTUMN BREEZE, ASSISTED LIVING FACILITY (ALF) INC.

Enter Name of Florida Profit Corporation

5. If not effective on the date of filing, enter the effective date: _____
(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this Marie S Possible day of 2 - 25 - 2010, 2010.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: Marie S Possible

Printed Name: Marie S Possible Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: Marie S Possible
Printed Name: Marie S Possible Title: President

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner,

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

Certificate of Conversion:	\$35.00
Fees for Florida Articles of Incorporation:	\$70.00
Certified Copy:	\$ 8.75 (Optional)
Certificate of Status:	\$ 8.75 (Optional)

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:

AUTUMN BREEZE ASSISTED LIVING FACILITY
(ALF) INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

904 LAKE MARTHA DRIVE NE
WINTER HAVEN, FL 33881

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:

100.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

(P) Marie, Guze possible
904 LAKE MARTHA DR. N.E.

ARTICLE VI REGISTERED AGENT

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

904 LAKE MARTHA DR. NE
WINTER HAVEN, FL 33881

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

JEAN A. MILHOMME
1425 HOLLAM DR. LAKE LAND, FL 33813

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

2/25/10

Date



Signature/Incorporator

2/25/10

Date

FILED
10 APR -5 PM 4:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA