

P10000035186

(Requestor's Name)

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(City/State/Zip/Phone #)

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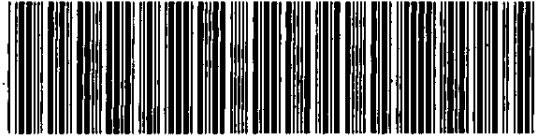
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/22/10--01043--013 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 APR 22 AM 9:47

FILED

CS

4-23-10

## COVER LETTER

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

**SUBJECT:** LINDO'S HOUSE OF CARE, 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:** DAWN RENNIE

Name (Printed or typed)

6821 S.W. 8TH COURT

Address

NORTH LAUDERDALE, FL 33068

City, State & Zip

(954) 709-2440

Daytime Telephone number

dford\_15@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:

LINDO'S HOUSE OF CARE, INC.,

## **ARTICLE II      PRINCIPAL OFFICE**

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

6821 S.W. 8TH COURT

NORTH LAUDERDALE , FL 33068

## **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):

Dawn Rennie (oWNER)

6821 SW 8th CT

N. Lauderdale, FL 33068

## **ARTICLE VI      REGISTERED AGENT**

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

DAWN RENNIE

6821 S.W. 8TH COURT

NORTH LAUDERDALE , FL 33068

## **ARTICLE VII      INCORPORATOR**

The name and address of the Incorporator is:

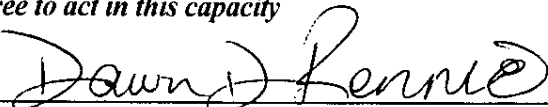
DAVE FORD

14508 MIDLAND GREENS PL

TAMPA, FL 33625

\*\*\*\*\*

*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

04/15/2010

Date



Signature/Incorporator

04/15/2010

Date

FILED  
10 APR 22 AM 9:47  
TALLAHASSEE, FLORIDA