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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

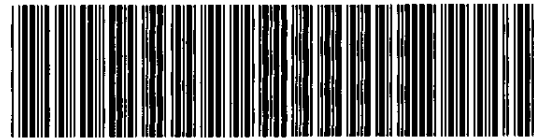
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W1 000028366

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COVER LETTER

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

SUBJECT: Safety Transitional 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Niamk J. Etchene
Name (Printed or typed)

4 514 Wishart Blvd
Address

Tampa, Florida 33603
City, State & Zip

813-870-6811
Daytime Telephone number

mretchene@yahoo.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

10 JUL -6 PM 1:09

DIVISION OF CORPORATIONS

June 15, 2010

SAFETY TRANSITIONAL ASSISTED LIVING FACILITY, INC.
4514 WISHART BLVD
TAMPA, FL 33603

SUBJECT: SAFETY TRANSITIONAL ASSISTED LIVING FACILITY, INC.
Ref. Number: W10000028366

We have received your document for SAFETY TRANSITIONAL 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):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

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: 210A00014674

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:

Safety Transitional Assisted Living Facility, Inc;

ARTICLE II PRINCIPAL OFFICE

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

4514 Wishart Blvd, Tampa, Florida 33603

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide accommodation for Young Adults and Adults

ARTICLE IV SHARES

The number of shares of stock is:

Three (3)

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Niamke Etchene
4514 Wishart Blvd
TPA, FL.33603

Aka Joseph
4514 Wishart Blvd
TPA, FL.33603

Esther Bah Etchene
4514 Wishard Blvd
TPA, FL.33603

ARTICLE VI REGISTERED AGENT

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

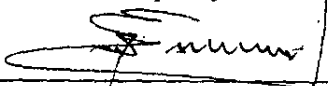
Niamke J. Etchene
4514 Wishart Blvd
TPA, FL.33603

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Niamke J. Etchene
4514 Wishart Blvd
Tampa, Florida 33603

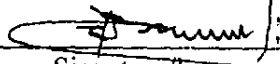
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

May 8, 2010

Date



Signature/Incorporator

May 8, 2010

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA