

P10000089795

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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691-  
W10000044067



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09/17/10--01024--001 \*\*\$1.00

09/17/10--01024--002 \*\*\$6.50

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2010 OCT 28 PM 4:04

11/4/10

## COVER LETTER

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

SUBJECT: Shabach Adult Family Care Home 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:

Ms Janice M. Smatt

Name (Printed or typed)

1034 West Jasmine Lane

Address

North Lauderdale Florida 33068

City, State & Zip

954 968-3470 Home 954 643-1231 cell

Daytime Telephone number

STshabache@aol.com

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

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

2016 OCT 28 PM 4:04

FILE  
SECRETARY OF STATE  
RECEIVED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 20, 2010

MS JANICE M. SMATT  
1034 WEST JASMINE LANE  
NORTH LAUDERDALE, FL 33068

RECEIVED OCT 28 2010

SUBJECT: SHABACH ADULT FAMILY CARE HOME INC  
Ref. Number: W10000044067

We have received your document for SHABACH ADULT FAMILY CARE HOME 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 document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

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) 245-6973.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 110A00022329

2010 OCT 28 PM 4:04  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2010 OCT 28 PM 4:04

**ARTICLE I NAME**

The name of the corporation shall be:

Sholach Adult Family Care Home Inc

**ARTICLE II PRINCIPAL OFFICE**

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

1034 West Jasmine Lane  
North Lauderdale, FL 33068

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Adult Family Care

**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):

Ms Janice M. Smartt Owner/Administrator  
1034 West Jasmine Lane  
North Lauderdale, Florida 33068

**ARTICLE VI REGISTERED AGENT**

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

Miss Janice M. Smartt  
1034 West Jasmine Lane  
North Lauderdale, FL 33068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ms Janice M. Smartt  
1034 West Jasmine Lane  
North Lauderdale FL 33068

\*\*\*\*\*

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

Janice M. Smartt  
Signature/Registered Agent  
Janice M. Smartt  
Signature/Incorporator

9/13/10  
Date  
9/13/10  
Date