

P11 0000000089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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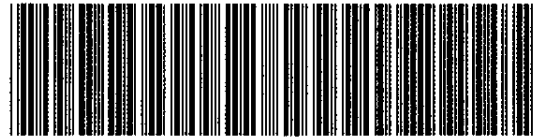
(Business Entity Name)

(Document Number)

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10 DEC 30 PM 1:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Ps 1/4/11

COVER LETTER

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

SUBJECT: PINES 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 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: Opal Stanbury & Jennifer Genus
Name (Printed or typed)

11081 Springfield Place
Address

Cooper City, Florida, 33026
City, State & Zip

954-367-6733
Daytime Telephone number

pinesassistedliving@comcast.net
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:

PINES ASSISTED LIVING FACILITY, INC.

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address
11081 Springfield Place
Cooper City, FL 33026

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Pines Assisted Living Facility will provide assistance with activities of daily living to residents who does not need skilled 24- hour care.

ARTICLE IV SHARES

The number of shares of stock is: 100 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Opal Stanbury, Director
Address: 11081 Springfield Place
Cooper City, FL 33026

Name and Title: Jennifer Genus, Director
Address: 13035 NW 9th, Crt
Pembroke Pines, FL 33028

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Opal Stanbury
Address: 11081 Springfield Place
Cooper City, FL 33026

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jennifer Genus
Address: 13035 NW 9th Crt
Pembroke Pines, FL 33028

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

Required Signature/Registered Agent

12/22/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

12/22/10
Date