

P11000000/559

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

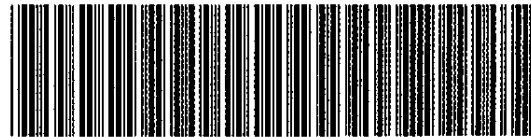
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Special Instructions to Filing Officer:

Dayon S. Suna GAVE
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 1/6/11
DOC. EXAM MRS

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11 JAN -5 PM 4:54
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MRS
1/6/11

COVER LETTER

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

SUBJECT: Calvinele Adult Home ALF #2 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: GAYON D DUNN

Name (Printed or typed)

6151 MIRAMAR Parkway, Suite 310

Address

MIRAMAR FL 33023

City, State & Zip

305 308 2728

Daytime Telephone number

Calvinele4@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: Calvinelle Adult Home Alf #2 Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1780 NW 47th terrace
Miami Florida
33142

Mailing address, if different is:
6151 Miramar Parkway
Suite 310
Miramar FL 33023

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

Name and Title: GAYON D DUNN
Address: 6151 Miramar Parkway
Suite 310
Miramar FL 33029

President
Name and Title: _____
Address: _____

Name and Title: LEROY LEWIN (Sec)
Address: 6151 Miramar Parkway
Suite 310
Miramar FL 33023

Name and Title: _____
Address: _____

Name and Title: GAYON D DUNN (Treasurer)
Address: 6151 Miramar Parkway
Suite 310
Miramar FL 33023

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: GAYON D DUNN
Address: 6151 Miramar Parkway FL
Suite 310, Miramar Beach
33023

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: GAYON D DUNN
Address: 6151 Miramar Parkway
Suite 310, Miramar FL 33023

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

Gayon D Dunn

Required Signature/Registered Agent

1/3/11
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.

Gayon D Dunn

Required Signature/Incorporator

1/3/11
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA