

P110000033627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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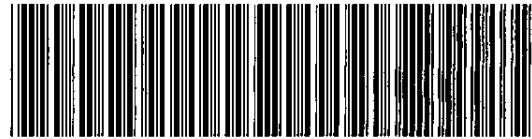
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2011 APR -5 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SC
4-6-11

COVER LETTER

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

SUBJECT: Crimson Manor 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: Joe Boneo
Name (Printed or typed)
1318 Crimson Ave
Address
North Port FL 34288
City, State & Zip
(941) 564-9122
(941) 467-2772
Daytime Telephone number
Crimson Manor a1f@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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

crimson manor assisted living facility inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
1218 crimson ave
north port fl.34288

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
professional corporation new business

ARTICLE IV SHARES

The number of shares of stock is:1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anabel Romero - director
Address: 2239 amnesty dr
north port , fl.34288

Name and Title: _____
Address: _____

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: Joe Romero
Address: 2239 amnesty dr
north port, fl.34288

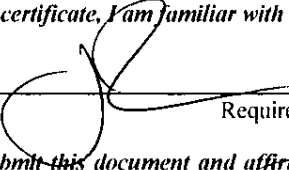
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Joe romero
Address: 2239 amnesty dr
north port , fl. 34288

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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

3/30/2011

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

3/30/2011

Date