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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Humphrey ALF, 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: Eribes Pion de Nunez

Name (Printed or typed)

4010 W. Humphrey Street

Address

Tampa, FL 33614

City, State & Zip

(813) 403-3853

Daytime Telephone number

abstampa@hotmail.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: Humphrey ALF, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
4010 W. Humphrey Street
Tampa, FL 33614

Mailing address, if different is:

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: 500 shares common stock, \$1 par value

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Eribes Pion de Nunez * Name and Title: _____
Address: 4010 W. Humphrey Street Address: _____
Tampa, FL 33614
* President & Treasurer

Name and Title: Martha Nunez ** Name and Title: _____
Address: 4012 W. Humphrey Street Address: _____
Tampa, FL 33614
** Vice-President & Secretary

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Eribes Pion de Nunez
Address: 4010 W. Humphrey Street
Tampa, FL 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Eribes Pion de Nunez
Address: 4010 W. Humphrey Street
Tampa, FL 33614

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.

Eribes Pion de Nunez
Required Signature/Registered Agent

5/6/2011
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.

Eribes Pion de Nunez
Required Signature/Incorporator

5/6/2011
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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