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SECRETARY OF STATE
HALLMARK BUILDING

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6-22-11

11000033745

COVER LETTER

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

SUBJECT: **HARMONY LIVING CENTERS 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: **KERRY FIGUEREDO**

Name (Printed or typed)

5301 NW 189 ST

Address

MIAMI FL, 33055

City, State & Zip

305-336-7982

Daytime Telephone number

kbusiness1st@yahoo.com

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

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

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TALLAHASSEE, FL
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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11 JUL -5 PM 2: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 22, 2011

KERRY FIGUEREDO
5301 NW 189 STREET
MIAMI, FL 33055

SUBJECT: HARMONY LIVING CENTERS INC.
Ref. Number: W11000033745

We have received your document for HARMONY LIVING CENTERS 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 registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6924.

Sharon Collins
Regulatory Specialist II
New Filing Section

Letter Number: 611A00015205

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: **HARMONY LIVING CENTERS Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address
1246 COLUMBUS AVENUE
LEHIGH ACRES FL 33972

Mailing address, if different is:
5301 NW 189 ST
MIAMI FL 33055

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide a clean and safe facility to help and assist adults/elders with everyday living and care.

ARTICLE IV SHARES

The number of shares of stock is: **1,000,000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KERRY FIGUEREDO/DIRECTOR	Name and Title: _____
Address: 5301 NW 189 ST	Address: _____
MIAMI FL 33055	_____
_____	_____

Name and Title: ARACELI C. RODRIGUEZ/OFFICER	Name and Title: _____
Address: 942 MADDOCK ST EAST	Address: _____
LEHIGH ACRES FL 33974	_____
_____	_____

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: **KERRY FIGUEREDO**
Address: **5301 NW 189 ST**
MIAMI FL 33055

ARTICLE VII - INCORPORATOR

The name and address of the Incorporator is:

Name: **KERRY FIGUEREDO**
Address: **5301 NW 189 ST**
MIAMI FL 33055

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

06/17/2011

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

06/17/2011

Date

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