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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch DEC 20 2011

COVER LETTER

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

SUBJECT: Wildflower Meadows 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: Douglas L. Richards
Name (Printed or typed)

1820 North 57th Street
Address

Tampa, Florida 33619
City, State & Zip

813-210-1092
Daytime Telephone number

doug@allarearoofing.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: Wildflower Meadows Assisted Living Facility, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

470 CR469
Center Hill, Florida 33514

Mailing address, if different is:

1820 North 57th Street
Tampa, Florida 33619

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: Elsa B. Richards-VPres
Address: 1820 North 57th Street
Tampa, FL 33619

Name and Title: Julie Summerlin-President
Address: 12912 CR721
Webster, Florida 33597

Name and Title: Douglas L. Richards-Director
Address: 1820 North 57th Street
Tampa, Florida 33619

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:

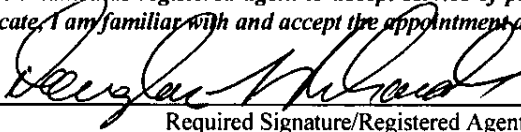
Name: Douglas L. Richards
Address: 1820 North 57th Street
Tampa, Fla. 33619

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Julie Summerlin-Pres
Address: 12912 CR721
Webster, Florida 33597

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

November 2, 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

November 2, 2011
Date

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE