

P12000002603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

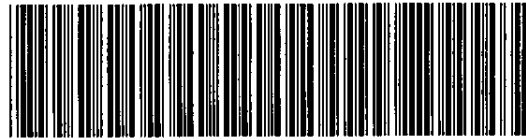
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800216059388

800216059388
01/09/12--01017--009 **78.75

FILED

12 JAN -9 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I. Burch JAN 10 2012

COVER LETTER

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

SUBJECT: Santa Lucia 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: Pedro A. Suarez
Name (Printed or typed)
2706 Westhigh Avenue
Address
Tampa, FL 33614
City, State & Zip
(813) 335-7609
Daytime Telephone number
marlenes.pedro@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: Santa Lucia ALF, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
2706 Westhigh Avenue
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: Pedro A. Suarez, President Name and Title: _____
Address: 2706 Westhigh Avenue Address: _____
Tampa, FL 33614

Name and Title: Marlenes Fonseca, Secretary Name and Title: _____
Address: 2706 Westhigh Avenue Address: _____
Tampa, FL 33614

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: Pedro A. Suarez
Address: 2706 Westhigh Avenue
Tampa, FL 33614

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Pedro A. Suarez
Address: 2706 Westhigh Avenue
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

Required Signature/Registered Agent

1/4/12
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

1/4/12
Date

FILED
12 JAN -9 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA