

P/2000038126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

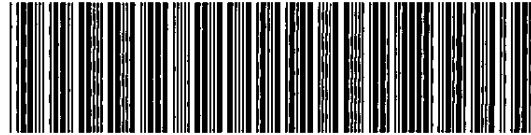
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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12 APR 23 PM 1:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
4/24/12

## COVER LETTER

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

**SUBJECT: Moon River 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: **Beverley Griffiths**

Name (Printed or typed)

**6151 Miramar Parkway, Suite 310**

Address

**Miramar Fl, 33023**

City, State & Zip

**305-609-6754**

Daytime Telephone number

**bevgriff0424@yahoo.com**

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

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 4, 2012

BEVERLEY GRIFFITHS  
6151 MIRAMAR PARKWAY  
SUITE 310  
MIRAMAR, FL 33023

SUBJECT: MOON RIVER ASSISTED LIVING FACILITY, INC  
Ref. Number: W12000018917

We have received your document for MOON RIVER ASSISTED LIVING FACILITY, INC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 712A00011029

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**FILED**  
12 APR 23 PM 1:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME** Moon River Assisted Living Facility, Inc  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2811 NW 88 street  
Miami, Fl 33147

Mailing address, if different is:  
6151 Miramar Parkway, suite 310  
Miramar, Fl  
33023

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:  
To operate an assisted living facility in order to provide custodial and limited nursing services to the elderly and disabled adults.

**ARTICLE IV SHARES**

The number of shares of stock is: 100 (one hundred)

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Beverley Griffiths -President  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Waldin Griffiths -vice president  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Desiree Griffiths (secretary)  
Address: \_\_\_\_\_  
\_\_\_\_\_

Name and Title: Waldin Griffiths-treasurer.  
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:

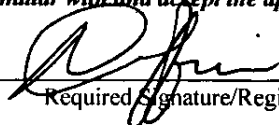
Name: Beverley Griffiths  
Address: 6151 Miramar Parkway, Suite 310  
Miramar, Fl 33023

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

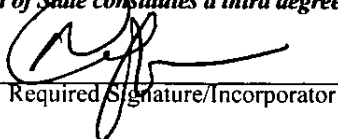
Name: Beverley Griffiths  
Address: 6151 Miramar Parkway, Suite 310  
Miramar, Fl 33023

*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

4/1/2012  
\_\_\_\_\_  
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

4/1/2012  
\_\_\_\_\_  
Date