

P12000095814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

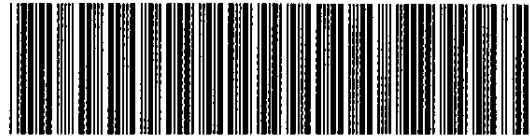
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Nonnie Brown **ONE**
AUTHORIZATION BY PHONE TO
CORRECT Article IV
DATE 11/19/12
DOC. EXAM MRS

Office Use Only



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11/16/12--01011--022 **87.50

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12 NOV 16 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS
11/19/12

COVER LETTER

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

SUBJECT: QUEEN BROWN HAVEN 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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

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

FROM: NONNIEL BROWN
Name (Printed or typed)

P. O. BOX 765
Address

BRISTOL, FLORIDA 32321
City, State & Zip

850-509-3271
Daytime Telephone number

QUEENBROWN83@FAIRPOINT.NET
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: Queen Brown Haven Assisted Living Facility INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address
6906 N.W. TORREYA PARK ROAD
BRISTOL, FLORIDA 32321

Mailing address, if different is:
P. O. BOX 765
BRISTOL, FLORIDA
32321

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: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ADMINISTRATOR /NONNIEL BROWN
Address: P. O. BOX 765
BRISTOL, FLORIDA
32321

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

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: NONNIEL BROWN
Address: 6906 N. W. TORREYA PARK ROAD
BRISTOL, FLORIDA 32321

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: NONNIEL BROWN
Address: 6906 N. W. TORREYA PARK ROAD
BRISTOL, FLORIDA 32321

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

11-14-12

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

11-14-12

Date

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TALLAHASSEE, FLORIDA