

P130000085437

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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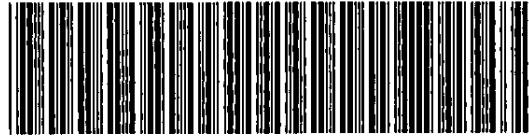
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Balmy Beach ALF of Florida, 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

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: Jonathan M. Duazo

Name (Printed or typed)

849 Wood Briar Loop

Address

Sanford, FL 32771

City, State & Zip

(407) 405-1047

Daytime Telephone number

jonathan@duazo.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: Balmy Beach ALF of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1030 Balmy Beach Drive
Apopka, FL 32703

Mailing address, if different is:

849 Wood Briar Loop
Sanford, FL 32771

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Provide Assisted Living Facility services.

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TALLAHASSEE FLORIDA

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Elizabeth P. Duazo - President & Secretary

Address: 849 Wood Briar Loop
Sanford, FL 32771

Name and Title: Jonathan M. Duazo - VP & Treasurer

Address: 849 Wood Briar Loop
Sanford, FL 32771

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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: Jonathan M. Duazo
Address: 849 Wood Briar Loop
Sanford, FL 32771

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jonathan M. Duazo
Address: 849 Wood Briar Loop
Sanford, FL 32771

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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

Jonathan M. Duazo
Required Signature/Registered Agent

10/14/13
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.

Jonathan M. Duazo
Required Signature/Incorporator

10/14/13
Date