

Division of Corporations

P13000096632

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : FASTKIT CORP
Account Number : I20100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9591

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****
Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
GRAND COURT LAKES INC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

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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: Grand Court Lakes Inc

ARTICLE II PRINCIPAL OFFICE
Principal street address:

16500 NW 84th Ave.
Miami Lakes, Florida 33016

Mailing address, if different is:

16500 NW 84th Ave.
Miami Lakes, Florida 33016

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:	<u>Judith Godinez</u>	Name and Title:	_____
Address:	<u>16500 NW 84th Ave.</u> <u>Miami Lakes, FL 33016</u>	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address:	_____	Address:	_____

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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: Judith Godinez
Address: 16500 NW 84th Ave
Miami Lakes, Florida 33016

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Judith Godinez
Address: 16500 NW 84th Ave
Miami Lakes, Florida 33016

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

11/25/13
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.

Required Signature/Incorporator

11/28/13
Date