

P14000004668

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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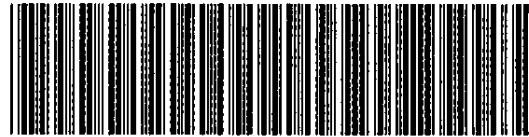
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

h 01/17/14

COVER LETTER

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

SUBJECT: **ELDER'S PLACE ADULT DAYCARE, 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: **NATASHA MELENDEZ**

Name (Printed or typed)

13244 SW 217 Ter

Address

MIAMI, FL 33170

City, State & Zip

(786) 348-6156

Daytime Telephone number

ELDERSPLACE.ADULTDAYCARE@GMAIL.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: Elder's Place Adult Day Care, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

13244 SW 217 Ter

Miami, FL 33170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide day care to the elderly.

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Natasha Melendez

Name and Title: _____

Address Chief Executive Officer

Address: _____

13244 SW 217 Ter

Miami, FL 33170

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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(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: Daniel Melendez
Address: 13244 SW 217 Ter
Miami, FL 33170

ARTICLE VII INCORPORATOR

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

Name: Natasha Melendez
Address: 13244 SW 217 Ter
Miami, FL 33170

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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

Required Signature/Registered Agent
1/7/14
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
1/7/14
Date