

P/4000050592

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies

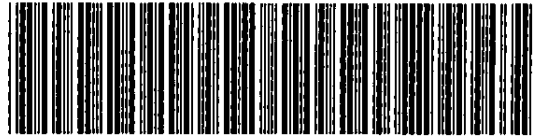
☒

Certificates of Status

☒

Special Instructions to Filing Officer:

Office Use Only



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06/10/14--01021--010 **87.50

14 JUN 10 AM 8:40
RECEIVED BY
OFFICE OF THE ATTORNEY
GENERAL

[Handwritten signature]

COVER LETTER

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

SUBJECT: Green Oaks Assisted Care Center, 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: Laura Demps

Name (Printed or typed)

5185 Derby Forest Drive North

Address

Jacksonville, FL 32258

City, State & Zip

904-318-0955

Daytime Telephone number

ldemps1@aol.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)

FILED
DIVISION OF REVENUE
14 JUN 10 AM 8:41
TMC

ARTICLE I NAME

The name of the corporation shall be: Green Oaks Assisted Care Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5185 Derby Forest Drive North
Jacksonville, FL 32258

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To operate licensed assisted living programs in the State of Florida

ARTICLE IV SHARES 500

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Laura Demps, President

Name and Title: Natasha Demps, Vice President

Address 5185 Derby Forest Drive North
Jacksonville, FL 32258

Address: 5185 Derby Forest Drive North
Jacksonville, FL 32258

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

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: Laura Demps

Address: 5185 Derby Forest Drive North

Jacksonville, FL 32258

ARTICLE VII INCORPORATOR

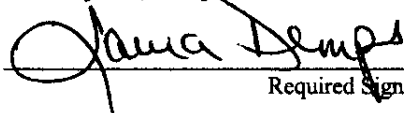
The name and address of the Incorporator is:

Name: Laura Demps

Address: 5185 Derby Forest Drive North

Jacksonville, FL 32258

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

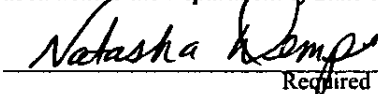


Required Signature/Registered Agent

6/6/2014

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

6/6/2014

Date