

P 140000660184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

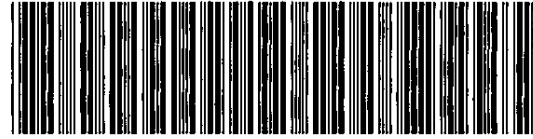
(Business Entity Name)

(Document Number)

Certified Copies Certificates of Status

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FILED
2014 AUG -4 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: SUMMER TIME ALF, 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: **Sheryl Bongolan**

Name (Printed or typed)

909 N. Wymore Rd.

Address

Winter Park, FL 32789

City, State & Zip

408-645-5515

Daytime Telephone number

Emryap@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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME
The name of the corporation shall be: SUMMER TIME ALF, INC.

ARTICLE II PRINCIPAL OFFICE
Principal street address

909 N. Wymore Road
Winter Park, FL
32789

Mailing address, if different is:

Same

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: including but not limited to the business and operation of an assisted living facility for profit. In addition, the corporation shall have unlimited power to engage in and do any lawful act concerning any or all lawful business for which corporations may be formed according to the laws of the state of Florida.

ARTICLE IV SHARES 100 All of a single class with a par value of One Dollar (\$1.00) per share
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Sheryl Bongolan, President</u>	Name and Title:	<u>Rhailen Romero, Vice President</u>
Address	<u>909 N. Wymore Road</u> <u>Winter Park, FL</u> <u>32789</u>	Address:	<u>909 N. Wymore Road</u> <u>Winter Park, FL</u> <u>32789</u>
Name and Title:	<u>K. Ian Pacamalan, Vice President</u>	Name and Title:	<u>Joan Villanueva, Secretary</u>
Address	<u>909 N. Wymore Road</u> <u>Winter Park, FL</u> <u>32789</u>	Address:	<u>909 N. Wymore Road</u> <u>Winter Park, FL</u> <u>32789</u>
Name and Title:	<u>Eshley May Pacamalan, Treasurer</u>	Name and Title:	<u>Stephen Bongolan, Director</u>
Address	<u>909 N. Wymore Road</u> <u>Winter Park, FL</u> <u>32789</u>	Address:	<u>909 N. Wymore Road</u> <u>Winter Park, FL</u> <u>32789</u>

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: Sheryl Bongolan

Address: 909 N. Wymore Road
Winter Park, FL 32789

ARTICLE VII INCORPORATOR

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

Name: Hoover Yap

Address: 1025 W. Oakridge Road
Orlando, FL 32809

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

Sheryl Bongolan
 Required Signature/Registered Agent

JULY 29, 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.

Hoover Yap
 Required Signature/Incorporator

JULY 29, 2014
 Date