

12/15/2006 06:47

#7020 P 01/003

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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**FLORIDA PROFIT/NON PROFIT CORPORATION
BELLAIR ADULT CARE INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

WMD 2/4

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 11/15/2011 BY SP-10/STP/STP

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ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME BELLAIR ADULT CARE INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address

16139 SW 68 TERRACE

MIAMI

FLORIDA 33193

Mailing address, if different is:

12724 NW 6 LANE

MIAMI

FLORIDA, 33182

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ALF

ARTICLE IV SHARES 100 SHARES @ 1.00 PER VALUE
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: PRESIDENT CESAR BELLO

Address: 12724 NW 6 LANE

MIAMI

FLORIDA 33182

Name and Title: TREASURER MARIA J BELLO

Address: 12724 NW 6 LANE

MIAMI

FLORIDA 33193

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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(cont.)

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: MARIA J BELLO
Address: 12724 NW 6LANE
MIAMI FL 33182

ARTICLE VII INCORPORATORThe name and address of the incorporator is:

Name: MARIA J BELLO
Address: 12724 NW 6 LANE
MIAMI FL 33182

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

X *Maria J Bello*
Required Signature/Registered Agent

01/30/2015

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.

X *Maria J Bello*
Required Signature/Incorporator

01/30/2015

Date

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