

P15 000060140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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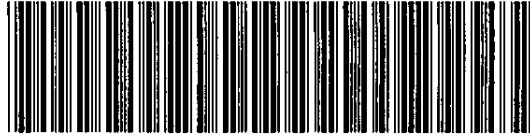
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2015 JUL 16 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4003

7/21/15

COVER LETTER

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

SUBJECT: Abigail Assisted Living, 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: Thomas W. Cauffman

Name (Printed or typed)

4905 West Laurel Street #200

Address

Tampa, FL 33607

City, State & Zip

813-286-8818

Daytime Telephone number

TCAUFMAN@QPWBLAW.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: ABIGAIL ASSISTED LIVING, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

320 South Delaware Avenue

Tampa, FL 33629

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: all lawful purposes.

ARTICLE IV SHARES

The number of shares of stock is: 100

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TAMPA, FLORIDA

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Rodriguez

Name and Title:

Address

President

Address:

320 South Delaware Avenue

Tampa, FL 33629

Name and Title: Karen Rodriguez

Name and Title:

Address

Treasurer

Address:

320 South Delaware Avenue

Tampa, FL 33629

Name and Title:

Name and Title:

Address

Address:

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: Thomas W. Caufman
Address: 4905 West Laurel Street #200
Tampa, FL 33607

ARTICLE VII INCORPORATOR

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

Name: Thomas W. Caufman
Address: 4905 West Laurel Street #200
Tampa, FL 33607

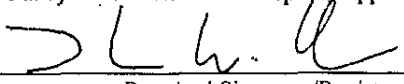
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

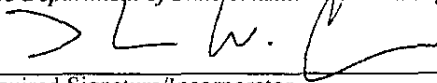
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature/Registered Agent
July 10, 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.



Required Signature/Incorporator
July 10, 2015

Date