P15000089483

(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



700277338267

09/28/15--01038--001 **87.50

15 KOV -2 AM II: 15

W15-066017

× 11/63/15



RETTIO

15 NOV -2 PM 12: 14

FLORIDA DEPARTMENT OF STATE AND Division of Corporations TALLAHASSEE, FLORIDA

October 5, 2015

SEPHLYN MURRELL 3513 3RD ST. W. LEHIGH ACRES, FL 33971

SUBJECT: FIVE STAR GROUP HOME INC

Ref. Number: W15000066017

We have received your document for FIVE STAR GROUP HOME INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

You must list at least one incorporator with a complete business street address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang Regulatory Specialist II New Filing Section

Letter Number: 715A00020985

State State

COVER LETTER

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

SUBJECT:	PROPOSED CORPORA	oup Home	Inc
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation and	d 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 CO	
FROM:	Sephlyn Mu Name 3513 3RD S	IRRE/	
	\mathcal{L}_{i} , Λ	Address Lo FL 339 State & Zip	7/
	954 69 Daytime T	elephone number	
-	Sephlyn me	of for future annual report	noo · Com

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)

The name of the corporation shall be: Twe Star Grove	p Home Inc
ARTICLE II PRINCIPAL OFFICE 35/3 3K Principal street address	Mailing address, if different is:
Lehigh Acres FL 3397/	
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	group Home for
the Agency for people win	In disability (APD)
	15 SE
ARTICLE IV SHARES The number of shares of stock is: AFT 100	FILED SRY OF STA STORPORA -2 AMII:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	TENS TENS
Name and Title: Seph un Murkel Directione and	
Address 35/3 3RD ST W Address:	
Tehich Acres 1-2	
Name and Title: Dean Ulich A.D Name and	Assistante Director
Address 8140 toundain mis Byroress:	
Name and Title: Mullyon Johnson Finame and	etary/Treasure
Address SlyDJauntai med Blue Address: Zehigh Acres FL 33 972	
7	

Name and Title:	Name and Title:
Address	Address:
ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box N	IOT acceptable) of the registered agent is:
Name: Sephich Murke	<u>/ </u>
Address: 35/3 3R0 5	
Jehich Acre	<u> </u>
\circ	TS SEE
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:) မြို့မှာ မေ
Name: Sephyn M	urrell = 390
Address: 35/3 3R.0	urrell = Styl
Lehigh Ac	res I=L 33971 55 8
ARTICLE VIII EFFECTIVE DATE:	
Effective date, if other than the date of filing: (If an effective date is listed, the date must be sp days after the filing.)	(OPTIONAL) pecific and cannot be more than five business days prior or 90 business
•	
the document's effective date on the Department o	eet the applicable statutory filing requirements, this date will not be listed as f State's records.
Having been named as registered agent to accept	service of process for the above stated corporation at the place designated in
Inis certificate, I am jamiliar with and accept the a	appointment as registered agent and agree to act in this capacity
Shurell Required Signature/Reg	istered Agent 9/34/15 Date
	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.
Skhereen	9/24/18
Required Signature/Incorporator	Date