

P/500009/477

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

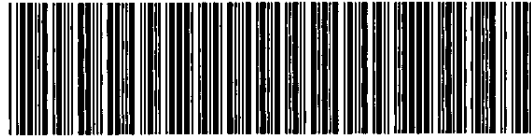
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
15 NOV -2 PM 12:01

*h* 11/10/15

**WALTER L. & JOHANN ELLIS**  
**206 NW MAGNOLIA LAKES BLVD.**  
**PORT ST. LUCIE, FL 34986**  
**PHONE (772) 349-0085**

October 30, 2015

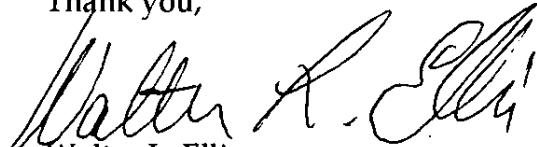
Department of State  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Intent not to Reinstate

Dear Sirs:

Please find herein complete Articles of Incorporation. Please note that this is our formal letter of intent not to reinstate our former corporation Doc. #: P06000025947.

Thank you,

  
Walter L. Ellis

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DIVISION OF CORPORATIONS  
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## COVER LETTER

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

**SUBJECT:** Gardens Retreat 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      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Walter L. Ellis

\_\_\_\_\_  
Name (Printed or typed)

206 NW Magnolia Lakes Blvd

\_\_\_\_\_  
Address

Port St. Lucie, Fl. 34986

\_\_\_\_\_  
City, State & Zip

772 349 0085

\_\_\_\_\_  
Daytime Telephone number

lesellis@yahoo.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: Gardens Retreat Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

206 NW Magnolia Lakes Blvd

Port St Lucie, Fl 34986

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: To provide care to those in need, and other lawful business.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Walter L. Ellis

Name and Title: Johann Ellis

Address 206 NW Magnolia Lakes Blvd

Address: 206 NW Magnolia Lakes Blvd

Port St Lucie, Fl 34986

Port St Lucie, Fl 34986

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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DIVISION OF CORPORATIONS  
15 NOV -2 PM 12:01

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: Walter L. Ellis

Address: 206 NW Magnolia Lakes Blvd

Port St Lucie, Fl 34986

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**ARTICLE VII INCORPORATOR**

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

Name: Walter L. Ellis

Address: 206 NW Magnolia Lakes Blvd

Port St Lucie, Fl 34986

**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*

Walter L. Ellis

Required Signature/Registered Agent

Oct 29<sup>th</sup> 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.*

Walter L. Ellis

Required Signature/Incorporator

Oct 29<sup>th</sup> 2015

Date