

P16000047959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

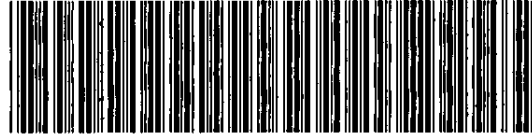
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

OK to change per Susan's request
via phone (removing %
& changing title to Pres.
-removing own.) Tlt 6/2/16

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05/23/16--01033--008 **73.75

FILED
16 MAY 23 PM 6:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RLH
6/2/16

COVER LETTER

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

SUBJECT: Precious Memories Assisted Living Home Care Services 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: Susan Clement
Name (Printed or typed)

7125 Lake Carlisle Blvd
Address

Orlando Florida 32829
City, State & Zip

786-457-1413
Daytime Telephone number

info@preciousmemories@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: Precious Memories assisted living Home care services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

7125 Lake Carlisle Blvd
Orlando Florida 32829

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: our purpose is to give our residents a place of mind. Creating a place of a home setting with the staff that is loving and caring. Caring.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Susan Clement / Pres.

Name and Title:

Address

7125 Lake Carlisle Blvd
Orlando Florida
32829

Address:

Name and Title:

Susan Clement / Director

Name and Title:

Address

7125 Lake Carlisle Blvd
Orlando Florida
32829

Address:

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

Susan Clement

Address:

7125 Lake Carlisle Blvd
Orlando Florida 32829

ARTICLE VII INCORPORATOR

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

Name:

Susan Clement

Address:

7125 Lake Carlisle Blvd
Orlando Florida 32829

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TALLAHASSEE FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/19/2016 (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

Susan Clement
Required Signature/Registered Agent

08/19/2016
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.

Susan Clement
Required Signature/Incorporator

08/19/2016
Date