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(Requestor's Name)			
(Address)			
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PICK-UP WAIT N	1AIL		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Ok to change shares to "1" from zero (purkouthy 1.) Title	'		
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Office Use Only



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COVER LETTER

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

SUBJECT: Mesa Pl	ace At Country Creek Inc.		
50bjec1	(PROPOSED CORPORA	ATE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	inal and one (1) copy of the ar	ticles 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	PY REQUIRED
FROM:	hur Levine Nam	e (Printed or typed)	
152	0 Mesa Drive	• • •	
		Address	
Jack	ssonville, Florida 32221		
1	City	, State & Zip	· ·
904	-716-9053		
-1.1.	•	Celephone number	
акте	vine1990@comcast.net	d for future annual ganage	

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 corpo	Mesa Place At Country oration shall be:	Creek Inc.	
ARTICLE II PRINCIPAL OFFICE Principal street address			dress, if different is:
1520 Mesa Drive	***************************************		
Jacksonville, Florida	32221		
ARTICLE III PUR The purpose for which	POSE h the corporation is organized is: Assis	ted Living Facility	
ARTICLE IV SHA The number of shares ARTICLE V INIT	RES of stock is: CIAL OFFICERS AND/OR DIRECTOR	<u>as</u>	27 AMIO: 02 ARY OF STAIL SSEE FLORION
Name and Ti	itle: Arthur Levine - Owner	Name and Title:	
Address	1520 Mesa Drive	A.d.d	
	Jacksonville, Florida 32221		
Name and Tit		No d.TVI	
Address	1520 Mesa Drive	Name and Title:	
Address	Jacksonville, Florida 32221	Address:	
Name and Tit	le:	Name and Title:	
Address		Address:	

Name a	nd Title:	Name and Title:	
Addres			
			_
			,
	REGISTERED AGENT Clorida street address (P.O. Box NOT accep	table) of the registered agent is:	
Name:	Jocobie Levine	mane) of the registered agent is.	
Address:	8261 Sailmaker Lane		
	Jacksonville, Florida 32210		
ARTICLE VII	INCORPORATOR	ASSE	SERVICE CANADA
The name and a	ddress of the Incorporator is:		
Name:	Arthur Levine	AM 10: 02 EFLORIDA	स्या _य ्
Address:	1520 Mesa Drive	2>12. V	
	Jacksonville, Florida 32221		
Effective date, if (If an effective days after the fine the Note: If the date	iling.)	I cannot be more than five business days prior or 90 business	
Having been nathis certificate, I	med as registered agent to accept service of am familiar with and accept the appointmen	process for the above stated corporation at the place designated at as registered agent and agree to act in this capacity .	'in
	Touchart	05/25/2016	
	Required Signature/Registered Age	ent Date	
I submit this document to the	cument and affirm that the facts stated her Department of Staje constitutes a third degr	ein are true. I am aware that the false information submitted in ee felony as provided for in s.817.155, F.S.	n a
arti	hur to //ine	05/25/2016	
Requ	ired Signature/Incorporator	Date	_