



**COVER LETTER**

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

SUBJECT: Robinson's Quality Care ALF, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: Marquitta Robinson  
Name (Printed or typed)  
28171 SW 143<sup>rd</sup> Court  
Address  
Homestead, FL 33033  
City, State & Zip  
786.230.5252  
Daytime Telephone number  
rqcalf@gmail.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: Robinson's Quality Care ALF Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

28171 SW 143<sup>rd</sup> Court  
Homestead, FL 33033

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To Enhance the daily living skills of the elderly. To ensure the quality of life for each individual services are provided for. To maintain and stabilize each individual living within the facility.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Marquitta Robinson  
Address: 28171 SW 143<sup>rd</sup> Ct.  
Homestead, FL 33033  
Director

Name and Title: Crystal Kingcade  
Address: 17365 SW 107<sup>th</sup> Ave  
Miami, FL 33157  
~~Home~~ Manager

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

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

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

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

16 JUL -5 AM 11:33  
DIVISION OF CORPORATE REGISTRATION

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: Marquitta Robinson  
 Address: 28171 SW 143<sup>rd</sup> Court  
Homestead, FL 33033

**ARTICLE VII INCORPORATOR**

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

Name: Marquitta Robinson  
 Address: 28171 SW 143<sup>rd</sup> Court  
Homestead, FL 33033

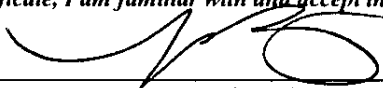
**ARTICLE VIII EFFECTIVE DATE:**

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.

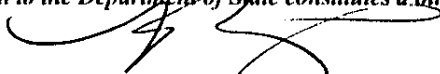
*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*



\_\_\_\_\_  
 Required Signature/Registered Agent

\_\_\_\_\_  
 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

\_\_\_\_\_  
 Date