

P16000083686

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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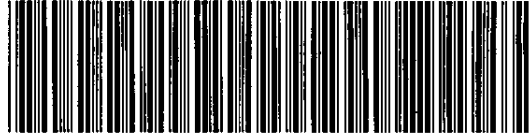
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/28/16--01017--007 **78.75

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2016 OCT 14 PM 1:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

V HERRING
OCT 18 2016

COVER LETTER

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

SUBJECT: C&V ASSISTED LIVING, CORP.

(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: SANDRA VALDES

Name (Printed or typed)

6524 SEAFAIRER DR

Address

TAMPA, FL, 33615

City, State & Zip

305-778-8352

Daytime Telephone number

SANDRAVALDESMESA@YAHOO.COM

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2016

SANDRA VALDES
6524 SEFAIRER DR
TAMPA, FL 33615

SUBJECT: C&V ASSISTED LIVING, CORP.
Ref. Number: W16000067530

We have received your document for C&V ASSISTED LIVING, CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 116A00021125

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: C&V ASSISTED LIVING , CORP.

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ARTICLE II PRINCIPAL OFFICE

Principal street address
6005 N CAMERON AVE, TAMPA, FL, 33614

Mailing address, if different is:
6005 N CAMERON AVE, TAMPA, FL, 33614
FL, 33614

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO TAKE CARE OF OLDER ADULTS AS AN ASSISTED LIVING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SANDRA VALDES

Name and Title: President

Address

6524 seafair dr
Tampa FL, 33615

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

Name and Title: Sandria Valdes (P)

Address: 6524 seafarer dr
Tampa, FL, 33615

Name and Title: FILED

Address: 2016 OCT 14 PM 1:19

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Sandra Valdes

Address: 6524 seafarer dr
Tampa, FL, 33615

ARTICLE VII INCORPORATOR

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

Name: SANDRA VALDES

Address: 6524 seafarer dr
Tampa, FL, 33615

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

09/23/2016

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.



Required Signature/Incorporator

09/23/2016

Date