

P16000100772

Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000314575 3)))



H160003145753ABC%

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6301

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614) 280-3333  
Fax Number : (954) 208-0645

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

12/23/2016 10:57

16 DEC 23 AM 9:21  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**FLORIDA PROFIT/NON PROFIT CORPORATION**

**Als Place of Lake Wales Florida Inc.**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$70.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

### COVER LETTER

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

**SUBJECT:** Als Place of Lake Wales Florida 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:** Patricia Ann Meador  
Name (Printed or typed)  
1065 Sunset Drive  
Address  
Lake Wales, FL 33853  
City, State & Zip  
863-678-1498  
Daytime Telephone number  
ommcparjb@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: Als Place of Lake Wales Florida Inc.

**ARTICLE II PRINCIPAL OFFICE**  
Principal street address: 1530 N Scenic Highway  
Lake Wales, FL 33853  
Mailing address, if different is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE III PURPOSE**  
The purpose for which the corporation is organized is: TO ENGAGE IN ANY LAWFUL ACTIVITY  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLE IV SHARES**  
The number of shares of stock is: 100

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

|                 |   |                 |                         |
|-----------------|---|-----------------|-------------------------|
| Name and Title: | <u>PATRICIA ANN MEADOR, PRESIDENT</u>                   | Name and Title: | _____                   |
| Address:        | <u>1065 SUNSET DRIVE</u><br><u>LAKE WALES, FL 33853</u> | Address:        | _____<br>_____<br>_____ |
| Name and Title: | _____   | Name and Title: | _____                   |
| Address:        | _____   | Address:        | _____<br>_____<br>_____ |
| Name and Title: | _____   | Name and Title: | _____                   |
| Address:        | _____   | Address:        | _____<br>_____<br>_____ |

11:50  
RECEIVED BY  
16 DEC 23 AM 9:21

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: Patricia Ann Meador  
 Address: 1065 Sunset Drive  
 Lake Wales, FL 33853

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Patricia Ann Meador  
 Address: 1065 Sunset Drive  
 Lake Wales, FL 33853

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 01/01/2017 (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*

C.T. Corporation System

By: Patricia Ann Meador  
 Required Signature/Registered Agent

12-23-16  
 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.*

Patricia Ann Meador  
 Required Signature/Incorporator

12-23-16  
 Date