

P18000101447

(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:

Office Use Only

W1800104123

DEC 11 2017



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2018 DEC 17 AM 10:29
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 3, 2018

MARGARET MUNNINGS
1470 NW 174 STREET
MIAMI, FL 33169

SUBJECT: RESTORED LIVING FACILITY INC
Ref. Number: W18000104123

We have received your document for RESTORED LIVING FACILITY INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

P17000066010-RESTORED LIVING FACILITY INC,

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

The effective date is not acceptable since it is not within five working days of the date of receipt.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until

COVER LETTER

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

SUBJECT: RESTORED LIVING FACILITY 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: MARGARET MUNNINGS

Name (Printed or typed)

1470 NW 174 STREET

Address

MIAMI FL 33169

City, State & Zip

305-879-5171

Daytime Telephone number

MARGRET374@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: RESTORED LIVING FACILITY INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1470 NW 174 STREET

MIAMI FL 33169

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ADULT LIVING FACILITY

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARGARET MUNNINGS

Name and Title: PRESIDENT

Address

Address:

1470 NW 174 STREET

MIAMI FL 33169

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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: MARGARET MUNNINGS
Address: 1470 NW 174 STREET
MIAMI FL 33169

ARTICLE VII INCORPORATOR

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

Name: MARGARET MUNNINGS
Address: 1470 NW 174 STREET
MIAMI FL 33169

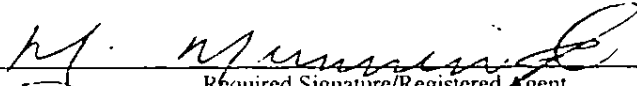
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/27/2018 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 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

11/27/18

Date
December 13, 2018

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

11/27/18

Date
December 13, 2018

December 11th 2018

Florida Department of State
Division of Corporations

AFFIDAVIT

Re: Restored Living Facility, Inc. Document number P 13000054996

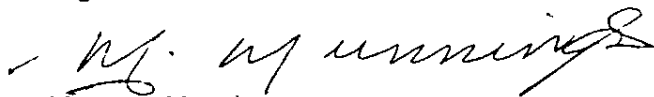
AND Restored Living Facility, Inc. Document number P 17000066010

The two corporations listed above are owned by one principal namely Margaret Munnings

She owns 100% of the stock of both corporations. The new effective date will be December 13th, 2018

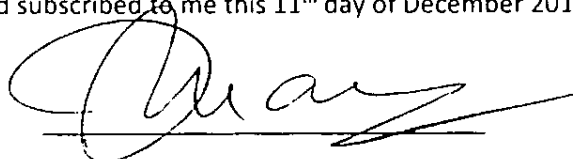
The number of shares of authorized stock is 100

Regards,


Margaret Munnings

305-879-5171

Sworn to and subscribed to me this 11th day of December 2018



Notary Public

