

PI9000037733

Florida 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.

((H19000150852 3)))



H190001508523ABC+

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)617-6381

From:  
Account Name : GM FINANCIAL GROUP  
Account Number : I19980000102  
Phone : (954)428-8899  
Fax Number : (954)428-6699

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

Email Address: Support@silverlakevillageinc.com

FLORIDA PROFIT/NON PROFIT CORPORATION  
SILVER LAKE VILLAGE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$78.75

SECRETARY OF STATE  
TALLAHASSEE, FL

2019 MAY - 7 AM 10:12

FILED

**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: SILVER LAKE VILLAGE, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

3461 RADIO ROADLEESBURG, FL 34788**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

SENIOR CARE (ASSISTED LIVING)**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTOR**Name and Title: SAMUEL F BONGIOVANNI, PName and Title: MARTHA BHAGWANSINGH, VPAddress: 3461 RADIO ROADAddress: 34601 RADIO ROADLEESBURG, FL 34788LEESBURG, FL 34788

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

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

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

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

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

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

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

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

2019 MAY -7 AM 10:12  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

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: GM FINANCIAL GROUP LIMITED, INC.

Address: 1499 W PALMETTO PARK RD #100

BOCA RATON, FL 33486

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: SAMUEL F BONGIOVANNI

Address: 34601 RADIO ROAD

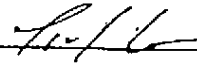
LEESBURG, FL 34788

**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 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

5/6/19

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 §817.155, F.S.*



Required Signature/Incorporator

5/6/19

Date

FILED  
 2019 MAY - 7 AM 10:12  
 SECRETARY OF STATE  
 TALLAHASSEE, FL