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(Requestor's Name)

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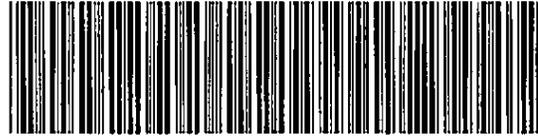
(Business Entity Name)

(Document Number)

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SEP 30, 2019

COVER LETTER

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

SUBJECT: Family Focus Independent Living, 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: Ruthenia A Moses  
Name (Printed or typed)

P.O. Box 120091  
Address

Clermont, FL 34112  
City, State & Zip

(352) 408-8273  
Daytime Telephone number

RutheniaMoses@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 16, 2019

RUTHENIA MOSES  
PO BOX 120091  
CLERMONT, FL 34712

SUBJECT: FAMILY FOCUS INDEPENDENT LIVING, INC.  
Ref. Number: W19000083718

We have received your document for FAMILY FOCUS INDEPENDENT LIVING, 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 of the entity must be identical throughout the document.

Please return 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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 619A00019095

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SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF INCORPORATION  
OF  
FAMILY FOCUS INDEPENDENT LIVING, INC.**

**THE UNDERSIGNED**, acting as sole incorporator of Family Focus Independent Living, Inc. under chapter 607 Of the Florida Statutes, hereby adopts the following Articles of Incorporation for such Corporation:

**ARTICLE I**

**Name**

The name of the corporation shall be Family Focus Independent Living, Inc.

**ARTICLE II**

**Principal Office**

The address of the Principal Office of the corporation is 131 Veracruz Ave. Kissimmee, FL 34743. The location of the Principal Office shall be subject to change as may be provided in bylaws duly adopted by the corporation.

**ARTICLE III**

**Purpose**

The purpose for which the Corporation is organized and operated is to provide 24 hour care and housing for men and women in need of care. This Corporation will operate for the sole purpose of carrying on a Trade or Business for profit.

## **ARTICLE IV**

### **Shares**

The number of shares which the corporation shall have authority to issue is (10,000). Consisting of a single class of common stock, One Cent (\$0.01) par-value per share.

## **ARTICLE V**

### **Names and Address of Director and Officers**

**President- Leon T. Achille  
12632 Boggy Pointe Drive  
Orlando, Fl. 32824**

**Vice President – Annestere Achille  
12632 Boggy Pointe Drive  
Orlando, Fl. 32824**

**Secretary- Sterlie E. Achille  
12632 Boggy Pointe Drive  
Orlando, Fl. 32824**

## **ARTICLE VI**

### **Mailing Address**

The mailing address of the Corporation will be 131 Veracruz Ave.  
Kissimmee, Fl. 34743.

**ARTICLE VII**

**Initial Board of Directors**

The number of Directors constituting the initial Board of Directors of the corporation is two. The number of Directors may be increased or decreased from time to time, but in no event shall the number of Directors be less than one (1). The person who is to serve as initial Director until the first annual meeting of the shareholders of the corporation or until such successor Directors are elected and shall qualify is Leon T. Achille.

**ARTICLE VIII**

**Initial Registered Agent and Address**

The name and address of the registered agent shall be as follows:  
Leon T. Achille – 12632 Boggy Pointe Dr. – Orlando, Fl. 32824

(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.)

Leon T. Achille  
Signature/Registered Agent

Leon T. Achille  
Print Name/ Date 8/30/19

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TALLAHASSEE, FL

**ARTICLE XI**

**Name and Address of Incorporator**

The name and address of the Incorporator is Ruthenia Moses, P. O. Box  
120091- Clermont, Fl. 34712

Ruthenia Moses  
Signature /Incorporator

Ruthenia A Moses 8/30/19  
Print Name/Date