

P20000012905

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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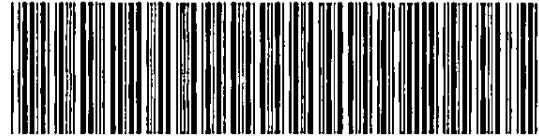
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

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

SUBJECT: Joann's Transitional House Independent 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

<input type="checkbox"/> \$78.75	<input type="checkbox"/> \$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status

ADDITIONAL COPY REQUIRED

FROM: Joann's Transitional House Independent Living Facility, Inc.
Name (Printed or typed)

3101 SW 12 Place

Address

Fort Lauderdale, FL 33312

City, State & Zip

954-709-4736

Daytime Telephone number

salmla856@gmail.com

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

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

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2020 JAN 22 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FL

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: Joann's Transitional House Independent Living Facility, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

3101 SW 12 Place
Fort Lauderdale, FL 33312

Mailing address, if different is:

3101 SW 12 Place
Fort Lauderdale FL 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The company may engage or transact in any or all lawful activities or
business permitted under the laws of the United States, the State of Florida, or any other state, country, territory
or nation.

ARTICLE IV SHARES

The number of shares of stock is: 1000 \$1.00 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Berbeth Murray, President

Address: 3101 SW 12 Place

Fort Lauderdale, FL 33312

Name and Title: Glen Murray, V President

Address: 3101 SW 12 Place

Fort Lauderdale, FL 33012

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Joseph G. Mott Jr.
Address: 1859 Banks Road
Margate, FL 33063

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Berbeth Murray
Address: 3101 SW 12 Place
Fort Lauderdale, FL 33312

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TALLAHASSEE, FL

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

Berbeth Murray 1-17-20
Required Signature/Registered Agent 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.

Berbeth Murray 1-17-20
Required Signature/Incorporator Date

January 15, 2020

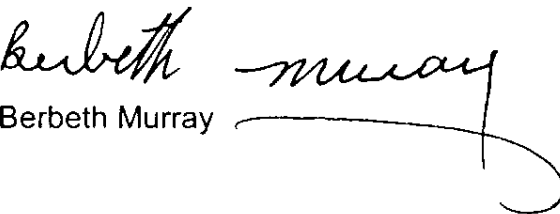
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

I, Berbeth Murray, am the legal owner of Joann's Transitional House Independent Living Facility, Inc., Document # **N12000004369**

I have no intentions of reinstating this limited liability company.

Thank you,


Berbeth Murray

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SECRETARY OF STATE
TALLAHASSEE, FL