# P20 0000 40194

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	•	
<u>.</u> .		

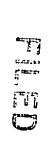
Office Use Only



300344870713

05/26/20--01023--006 \*\*87.50





COVER LETTER

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

Enclosed are an original and one (1) copy of the articles of incorporation and a check for.

\$70.00 \$\sum\_{0.00} \sum\_{0.00} \sum\_{0.000} \sum\_{0.0000} \sum\_{0.000} \sum\_{0.000} \sum\_{0.000} \sum\_{0.000} \sum\_{0.000} \sum\_{0.000} \sum\_{0.000} \sum\_{0.000} \sum\_{0.000} \sum\_{0.0000} \sum\_{0.0000} \sum\_{0.0000} \sum\_{0.0000} \sum\_{0.0000} \sum\_{0.0000} \sum\_{0.0000} \sum\_{0.0000} \sum\_{0.0000} \sum\_{0.00000} \sum\_{0.0000} \sum\_{0.00000} \sum\_{0.00000} \sum\_{0.00000} \

FROM: _	KUHLENI'A MOSES  Name (Printed or typed)
	P.O. BOX 120091
	CHERMONT CIA, 34712
	(352) 408-8273
	Daytime Telephone number  A MANUS O MANO. (M)  E-mail address: (to be used for funire angual report nonincation)
	NOTE: Please provide the original and one copy of the articles.
	NOTE: Please provide the original of the control of

## ARTICLES OF INCORPORATION OF GOOD LIFE INDEPENDENT LIVING, INC.

THE UNDERSIGNED, acting as sole incorporator of Good Life 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 Good Life Independent Living, Inc.

#### **ARTICLE II**

#### **Principal Office**

The address of the Principal Office of the corporation 513 Bassett Drive – Kissimmee, Fl. 34758. 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**

#### <u>Shares</u>

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- Mireille Jean 513 Bassett Drive Kissimmee, Fl. 34758

Vice President – Fritzber Jean 513 Bassett Drive Kissimmee, Fl. 34758

Secretary- Sandra Sweet 464 Garfield Ave. Winter Park, Fl. 32789

#### <u>ARTICLE VI</u>

#### Mailing Address

The mailing address of the Corporation is 513 Bassett Drive – Kissimmee, Florida 34758.

### ••

#### **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 Mireille Jean.

#### **ARTICLE VIII**

#### Initial Registered Agent and Address

The name and address of the registered agent shall be as follows:

Mireille Jean - 513 Bassett Drive- Kissimmee, Fl. 34758

(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.)

Linealle Hearn
Signature/Registered Agent

Mireille Jean 5/20/2?
Print Name/ Date

#### **ARTICLE XI**

Name and Address of Incorporator

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

Signature /Incorporator

Kuthenit Moses 5/20/20
Print Name/Date