

P20000084024

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

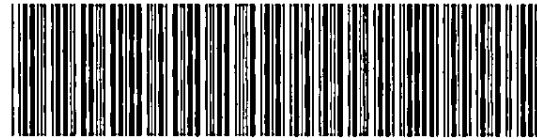
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700353398897

10/14/20 --01009--008 **87.50

FILED
2020 OCT 14 AM 11:01
CLERK OF STATE
OF FLORIDA

OCT 28 2020

T. SCOTT

COVER LETTER

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

SUBJECT:

STEPH CARE 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 Moses

Name (Printed or typed)

P.O. Box 120091

Address

Clermont, FL 34712

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.

**ARTICLES OF INCORPORATION
OF
STEPHCARE INDEPENDENT LIVING, INC.**

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

ARTICLE II

Principal Office

The address of the Principal Office of the corporation is 803 S. 16th Street- Haines City, Florida 33844. 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.

99

FILED
2020 OCT 14 AM 11:01
STATE
OF FLORIDA

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- Loucinda Pierre
803 S. 16th Street
Haines City, Fl. 33844**

**Vice President – Martino Pierre
803 S. 16th Street
Haines City, Fl. 33844**

**Secretary- Stephany Pierre
803 S. 16th Street
Haines City, Fl. 33844**

ARTICLE VI

Mailing Address

The mailing address of the Corporation will be 803 S. 16th Street- Haines City, Florida 33844.

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 Loucinda Pierre.

ARTICLE VIII

Initial Registered Agent and Address

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

Loucinda Pierre- 803 S. 16th Street- Haines City, FL 33844

(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.)

Loucinda Pierre

Signature/Registered Agent

LOUCINDA PIERRE 9/29/20

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

Ruthenia Moses

Signature /Incorporator

RUTHENIA A. MOSES 9/29/20

Print Name/Date