

P2000000 888 866

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

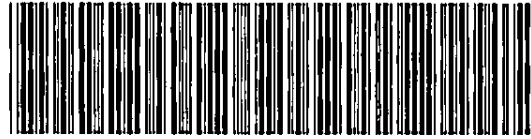
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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FILED

**COVER LETTER**

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

SUBJECT: Bright Morning Star Assisted Living Facility, I.D.C.  
(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

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

FROM: Roseline Clerge  
Name (Printed or typed)

130 West 7th Street  
Address

Chuluota Florida 32766  
City, State & Zip

407-483-2546  
Daytime Telephone number

roseline.clerge@gmail.com  
E-mail address: (to be used for future annual report notification)

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

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: Bright Morning Star Assisted Living Facility

ARTICLE II PRINCIPAL OFFICE

Principal street address  
130 West 7th Street  
Chuluota FL 32766

Mailing address, if different is:  
638 White Crane Ct  
Chuluota FL 32766

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to assist elderly people in their activities of daily living. It will provide 24 hrs care 7 days a week to senior ages 60 and up. We will assist them with their medications, doctor appointments, lab work and other activities.

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Roseline Clerge  
President (Director)  
Address: 638 White Crane Ct  
Chuluota FL 32766

Name and Title: Yvon Clerge  
Vice President (Officer)  
Address: 638 White Crane Ct  
Chuluota FL 32766

Name and Title: Roseline Clerge  
Administrator  
Address: \_\_\_\_\_

Name and Title: Yvon Clerge  
Address: \_\_\_\_\_

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

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

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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: Roseline Clerge

Address: 638 White Crane Ct  
Chuluota Florida 32766

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Roseline Clerge

Address: 638 White Crane Ct  
Chuluota Florida 32766

2020 NOV -4 AM 11:39

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 10/30/2020 (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*

Roseline Clerge  
Required Signature/Registered Agent

10/30/2020  
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.*

Roseline Clerge  
Required Signature/Incorporator

Date 10/30/2020