

P22000053352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

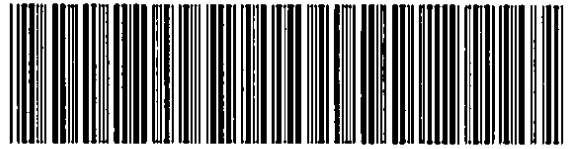
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000387893500

06/06/22--01026--004 \*\*87.50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2022 JUN - 6 PM 6:36

FILED

D. O'KEEFE

JUL - 1 2022

COVER LETTER

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

SUBJECT: MHA Independent Living CARE, 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  
RutheniaMose@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**

**M&A INDEPENDENT LIVING CARE, INC.**

**THE UNDERSIGNED**, acting as sole incorporator of M&A Independent Living Care, 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 M&A Independent Living Care, Inc.

**ARTICLE II**

**Principal Office**

The address of the Principal Office of the corporation is 3417 20<sup>th</sup> Street W – Lehigh Acres, FL 33971. 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.

2022 JUN -6 PM 6:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

## **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- Magalie Jules Stimphile  
3008 69<sup>th</sup> Street W.  
Lehigh Acres, Fl. 33971**

**Vice President – Antony Stimphile  
3008 69<sup>th</sup> Street W.  
Lehigh Acres, Fl. 33971**

## **ARTICLE VI**

### **Mailing Address**

The mailing address of the Corporation will be 3417 20<sup>th</sup> Street W.  
– Lehigh Acres, Fl. 33971.

## **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 Magalie Jules Stimphile.

SECRETARY OF STATE  
TALLAHASSEE, FL 09101

2022 JUN - 6 PM 6:36

FILED

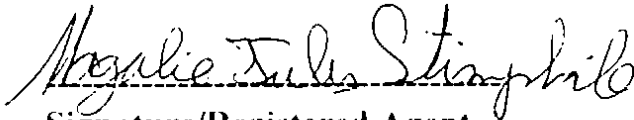
### ARTICLE VIII

#### Initial Registered Agent and Address

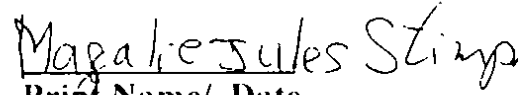
The name and address of the registered agent shall be as follows:

Magalie Jules Stimphile – 3008 69th Street W.-Lehigh Acres, FL 33971

(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.)



Signature/Registered Agent

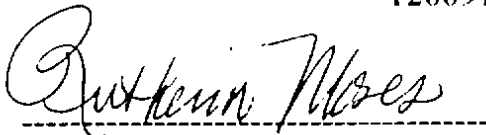


Print Name/ Date

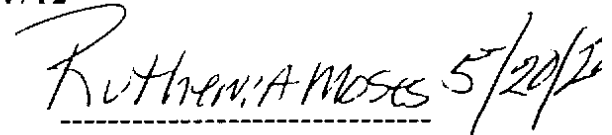
### ARTICLE XI

#### Name and Address of Incorporator

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



Signature /Incorporator



Print Name/Date