

Division of Corporations

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : GM FINANCIAL TAX & ACCOUNTING GROUP PLLC
Account Number : I19980000102
Phone : (954)428-8899
Fax Number : (954)428-6699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: MKULNICK@GMAIL.COM

2024 Apr - 9 AM 11:18

FLORIDA PROFIT/NON PROFIT CORPORATION ABBEY MANOR RETIREMENT RESIDENCE INC

Certificate of Status	0
Certified Copy	0
Page Count	02
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T. MATTHEWS
APR - 9 2024

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: ABBEY MANOR RETIREMENT RESIDENCE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1930 LINCOLN ST
HOLLYWOOD, FL 33020

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: KULNICK, MAGDALENA PRES Name and Title: _____
Address: 1930 LINCOLN ST. Address: _____
HOLLYWOOD, FL 33020

Name and Title: UEBERLAUER, GRAZYNA VP Name and Title: _____
Address: 1930 LINCOLN ST. Address: _____
HOLLYWOOD, FL 33020

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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: ABBEY MANOR
 Address: 1930 LINCOLN ST.
 HOLLYWOOD, FL 33020

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: KULNICK, MAGDALENA
 Address: 1930 LINCOLN ST.
 HOLLYWOOD FL 33020

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

M Kulnick *3/21/24*
 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.

M Kulnick *3/21/24*
 Required Signature/Incorporator Date