

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P24H00D456R**

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

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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
SECOND CHANCE ALE, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

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**Second Request**

MS

**ARTICLES OF INCORPORATION**

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Second Chance ALF , Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

1365 W 63TH ST Hialeah ,FL 33012

**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

Anneliese Santana- President

Deidania Henriquez- Vicepresident

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

Anneliese Santana- 990 E 3TH ST Hialeah, FL 33010

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

Anneliese Santana- President -1365 W 63TH ST Hialeah, FL 33012

Deidania Henriquez- Vicepresident- 1365 W 63TH ST Hialeah, FL 33012

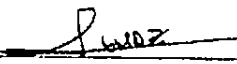
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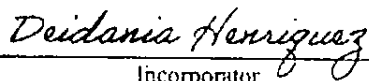
EIN: 99-3879784

**Required Signatures:**

**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**

 07/01/2024  
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.**

 07/01/2024  
Incorporator Date