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KOBONALT CL KOBONALT
Requestor's Name
2440 TAMiami TR N
Address
NOKOMIS, FL 34275
City/State/Zip Phone #

FILED

96 OCT -2 PH 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Community ASSISTED LIVING CENTERS AT PONTA GORDA, INDO.
(Corporation Name) (Document #)
2. 7000001963227
(Corporation Name) (Document #) -10/02/96--01032--013
3. ****612.50 ****122.50
(Corporation Name) (Document #)
4. (Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

10/4/96

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**ARTICLES OF INCORPORATION
OF
COMMUNITY ASSISTED LIVING CENTERS AT PUNTA GORDA, INC.**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
Name**

The name of the Corporation shall be: Community Assisted Living Centers at Punta Gorda, Inc.

**ARTICLE II
Address**

The mailing address and address of the principal office of the Corporation is: 2440 Tamiami Trail North, Nokomis, Florida 34275.

**ARTICLE III
Duration**

The Corporation shall have perpetual existence commencing on the date of filing hereof.

**ARTICLE IV
Purpose**

The Corporation may engage in any activity or business permitted under the laws of the United States of America and of the State of Florida.

**ARTICLE V
Capital Stock**

The Corporation is authorized to issue one class of shares, which shall be called common shares. Common shares shall have unlimited voting rights and shall be entitled to receive the net assets of the Corporation upon dissolution. The Corporation is authorized to issue Ten Thousand (10,000) common shares with no par value.

**ARTICLE VI
Initial Registered Office and Agent**

The name and street address of the initial registered agent and office of the Corporation is:

Name

Address

Thomas B. Luzier, Esq.

2440 Tamiami Trail North, Nokomis, Florida 34275

ARTICLE VII
Initial Board of Directors

The Corporation shall have one (1) Director initially. The number of Directors may be increased or diminished from time to time according to the provision for such in the Bylaws of the Corporation, but shall never be less than one (1). The name and address of the initial Director of the Corporation is:

<u>Name</u>	<u>Address</u>
John F. Robenalt	2440 Tamiami Trail North, Nokomis, Florida 34275

ARTICLE VIII
Bylaws

The Bylaws of the Corporation may be adopted, altered, amended, or repealed by either the Stockholders or Directors of the Corporation.

ARTICLE IX
Indemnification

The Corporation shall indemnify any Officer or Director, or any former Officer or Director, to the full extent permitted by law.

ARTICLE X
Incorporator

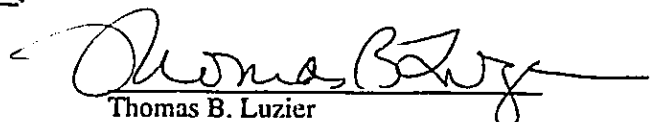
The name and address of the person signing these Articles of Incorporation is:

<u>Name</u>	<u>Address</u>
Thomas B. Luzier, Esq.	2440 Tamiami Trail North, Nokomis, Florida 34275

ARTICLE XI
Amendment

The Corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation or any amendment to them, and any right conferred upon the Shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Incorporation
this 30th day of September, 1996


Thomas B. Luzier

ACCEPTANCE BY REGISTERED AGENT

I, THE UNDERSIGNED PERSON, HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATE CORPORATION AT THE PLACE DESIGNATED IN ARTICLE VI OF THESE ARTICLES OF INCORPORATION, HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

DATED THIS 30th DAY OF September, 1996.

by Thomas B. Luzier
Thomas B. Luzier, Esq.
(Registered Agent)

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing instrument was acknowledged before me this 30th day of September, 1996, by THOMAS B. LUZIER, ESQ., who is personally known to me and who did not take an oath.

NOTARY PUBLIC

 **CHRISTINE MARIE DECROCE**
COMMISSION # CC 473738
EXPIRES JUN 18, 1999
BONDED THRU
ATLANTIC BONDING CO., INC.

sign: Christine Marie DeCroce
print: CHRISTINE MARIE DECROCE
State of Florida at Large (Seal)
My Commission Expires:

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TALLAHASSEE, FLORIDA