

P97000031308

TRANSMITTAL LETTER

97 APR -7 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

300002121213--6

-03/24/97--01026--011

\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: ANGEL WING ASSISTED LIVING, INC.  
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

FROM: MATEO ALCUBILLA  
Name (Printed or typed)

5524, INDIANA DRIVE  
Address

LADY LAKE, FLORIDA 32159  
City, State & Zip

(352) 323-1810 or 8879  
Daytime Telephone number

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

OK 4/7/97 3/27/97



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

March 27, 1997

MATER ALCUBILLA  
5524 INDIANA DRIVE  
LADY LAKE, FL 32159

SUBJECT: ANGEL WING ASSISTED LIVING INC  
Ref. Number: W97000007165

We have received your document for ANGEL WING ASSISTED LIVING INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 297A00015618

**ARTICLES OF INCORPORATION**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE I NAME**

The name of the corporation shall be:

ANGEL WING ASSISTED LIVING INC

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

5524, INDIANA DRIVE,  
LADYLAKE, FLORIDA 32159

**ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

500 SHARES

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

MATER ALCUBILLA

5524, INDIANA DRIVE,  
LADYLAKE, FLORIDA 32159

**ARTICLE V INCORPORATOR(S)**

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

1. PRESIDENT: MATER ALCUBILLA RN. BSN.  
402, SOUTH LONE OAK DRIVE  
LEESBURG, FL 34748.
- 2 VICE PRESIDENT: JEAN YOUNG MONTEITH RN.  
2908, PELAN AVE  
LEESBURG, FL 34748.
- 3 SECT/TREASURER: ROY K MONTEITH  
2908, PELAN AVE  
LEESBURG, FL 34748.

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

20 day of MARCH, 19 97.

(An additional article must be added if an effective date is requested.)

Mater Alcupilla

Signature

Jean Young Monteith

Signature

Roy K Monteith

Signature

**Notarization is not required**

**NOTE:** Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is ANGEL WING ASSISTED LIVING INC.

2. The name and address of the registered agent and office is:

MATER ALCUBILLA  
(NAME)

5524, INDIANA DRIVE  
(P. O. Box or Mail Drop Box NOT ACCEPTABLE)

LADYLAKE, FLORIDA 32159.  
(CITY/STATE/ZIP)

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

Mater Alcubilla  
(SIGNATURE)

March 20, 1997  
(DATE)