P999000001

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 200002714982---0 -12/17/98--01101--019 ****122.50 ******78.75

SUBJECT: st	. Katherine's	Retreat	Inc.	 '',	
	(proposed	corporate ha	ame)		
•					
Enclosed please fir above corporation	nd an original and and check in the	one (1) copy	y of the articles 122.50	of incorpor	ration for the
		arrioditi or y		•• —	
				•	
			•		
FROM:	Arlene Widn	er -		=	DIVIS
	Name				ECR SIO
>	5134 Scholl Address	Road	=	-	JAN 19
	New Port Ri		. 34652	-	9 STE
	City, State, & Z	ip	34652		A RP C
	<u> </u>	15-9014			STAI SRAT 9: 2
•	Telephone Num	nber		Ţr -	TIONS

Note: Additional copy of articles is needed only when certified copy is requested.

1-195



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

December 22, 1998

ARLENE WIDNER 5134 SCHOLL RD. NEW PORT RICHEY, FL 34652

SUBJECT: ST. KATHERINE'S RETREAT

Ref. Number: W98000028551

We have received your document for ST. KATHERINE'S RETREAT and your check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The registered agent and street address must be consistent wherever it appears in your document.

Please return the original and one copy of 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 (850) 487-6995.

Alease nate Correction

Wanda Sampson Document Specialist

Letter Number: 098A00059981

ARTICLES OF INCORPORATION

OF

St. Katherine's Retreat, Inc.

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

ARTICLE I NAME

The name of the corporation shall be:

St. Katherine's Retreat, Inc.

ARTICLE II PRINCIPAL OFFICE

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

12307 Parkwood Street Hudson, Fl., 34669

ARTICLE III CAPITAL STOCK

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

500 shares @ \$1.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

Arlene Widner 12307 Parkwood St.

Hudson, F1. 34669

SECRETARY OF STATIONS
SECRETARY OF AM 9: 28
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ARTICLE V INCORPORATOR(S)

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

- Arlene Widner
 5134 School Road
 New Port Richey, Fl., 34652
- Peter Joseph Molodecki
 7624 Isabella Drive Apt. #B
 Port Richey, Fl., 34668

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

 $\frac{10 \text{ th}}{\text{day of }} \frac{\text{December}}{\text{December}}, 19 \frac{98}{98}.$

Signature/Title

Signature/Title

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the tate of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of	of the corporation is: St.	Kather:	ine's Ret	reat,Inc.		,	
2. The name a	(NAME)	e Widne	er.	S:	DIVISION OF SHA 917	FILED STATE	
	(P.O. BOX <u>NOT</u> ACCEPTABLE)						
	12307 Parkwood Stree	et, Hu	dson, Fl	., 34669		_• · ·	
<u></u>	(CITY/STAT	E/ZIP)			r.		
		SIGNATI	(corp	orate officer)		le divide	
		DAIE			10-11 · 10-11	 .	
PROCESS FO THIS CERTIF AND AGREE PROVISIONS FORMANCE	EN NAMED AS REGISTER OR THE ABOVE STATED CO ICATE, I HEREBY ACCEPT TO ACT IN THIS CAPACIT OF ALL STATUTES RELA OF MY DUTIES, AND I AM Y POSITION AS REGISTER	ORPORA THE AP Y. I FUR TING TO I FAMILI	THEN AT TOPOINTMENTHER AGE OF THE PROPERTY ARE WITH A STREET TO THE TOPOINTMENT AND TH	HE PLACE D NT AS REGIS REE TO COM PER AND CO NND ACCEP LENC (L LENC)	DESIGNATEL STERED AGE MPLY WITH T OMPLETE P T THE OBLI	OIN ENT THE ER-	
		DATE _	12/10/9	8		·	

REGISTERED AGENT FILING FEE: \$35.00