N99000000645

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

Tallahassee, FL 32314										
SUBJECT: South City My January Community Assor										
900030834890 -12/29/9901087008 *****78.50 *****78.50										
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:										
Filing Fee Filing Fee & Certificate of Status \$78.75 Filing Fee Filing Fee, & Certificate of Status \$78.75 Filing Fee Filing Fee, & Certified Copy & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED										
FROM: Mame (Printed or typed) Name (Printed or typed)										
804 GO/FVICL/ DRIVE SST TO PROPERTY OF THE SST TO THE S										
778-59/6 & 56/-7398 Daytime Telephone number										

Est. 2000

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

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EFFECTIVE DATE The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation: PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 804 GOTFVIEW Drue The specific purpose(s) for which the corporation is organized is(are): Provide a Compre entegrated delivery of Services to the CAranien erce as an abborate for I extende helds I aspliated ersons, offerficially those in our struck area. The manner in which the directors are elected or appointed is: As Stated in Bylands

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Maryann Travis 304 Golfview Drive Fallahassee, FL 32301 ARTICLE VI INCORPORATOR The name and address of the Incorporator to these Articles Maryann Travis Mayonn Traus	ee, FL 32301-6658 12/29/99	SECRETATY OF STATE TALLAHASSEE, FLORIDA	99 DEC 29 PM 1: 42	APPROVED
Signature/Incorporator	Date		.: :=	: .

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

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.

Signafure/Registered Agent

Fective date 1/01/2