

**P000000039011**

**Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State**

**Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

**((H00000017725 3)))**

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

**To:**  
Division of Corporations  
Fax Number : (850) 922-4001

**From:**  
Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 541-3694  
Fax Number : (305) 541-3770

**FILED**  
00 APR 18 AM 8:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA PROFIT CORPORATION OR P.A.**

**LIZI HOME CARE ALF CORPORTION**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$78.75

⑤

H00000017725

ARTICLES OF INCORPORATION

The undersigned, for the purpose of forming a corporation under the Florida General Corporation Act, do hereby adopt the following articles of incorporation:

ARTICLE ONE

The name of the corporation is  
Lizi Home Care ALF Corporation

ARTICLE TWO

The duration of the corporation is perpetual.

ARTICLE THREE

The general purposes for which the corporation is organized are:

1. To engage in the business of  
Adult living care
2. To transact any other lawful business for which corporations may be incorporated under the Florida General Corporation Act.
3. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

FILED  
00 APR 18 AM 8:37  
STATE DEPT. OF STATE  
TALLAHASSEE, FLORIDA

H00000017725

H00000017725

**ARTICLE FOUR**

The aggregate number of shares which the corporation is authorized to issue is 100. Such shares shall be of a single class, and shall be \$ 5.00 par value.

**ARTICLE FIVE**

The corporation is authorized to issue only one class of stock, and all issued stock shall be held of record by not more than ten persons. Stock shall be issued and transferable only to natural persons.

**ARTICLE SIX**

No stockholder shall have the right to sell, assign, pledge, transfer, devise, or otherwise dispose of any of the share of the corporation without first offering such shares for sale to the corporation at the net asset value thereof.

**ARTICLE SEVEN**

The street address of the initial principal office of the corporation is

2820 SW 131<sup>st</sup> Place

Miami, FL 33175

H00000017725

H00000017725

ARTICLE EIGHT

The number of directors constituting the initial board of directors of the corporation is two. The name and address of each person who is to serve as a member of the initial board of directors is:

NAME	ADDRESS
Mercedes Suarez President/Secretary	3940 SW 133 <sup>rd</sup> Avenue Miami, FL 33175
Jose E. Morales Vice-President/Treasurer	3940 SW 133 <sup>rd</sup> Avenue Miami, FL 33175

ARTICLE NINE

A unanimous vote of directors for effective director action is required at all directors meetings.

ARTICLE TEN

The name and address of each incorporator is:

NAME	ADDRESS
Mercedes Suarez	3940 SW 133 <sup>rd</sup> Avenue Miami, FL 33175

Executed by the undersigned at Miami, Florida on April 18, 2000.

  
\_\_\_\_\_

H00000017725

H00000017725

**CERTIFICATE DESIGNATING (OR CHANGING) PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 607.34 Florida Statutes, the following is submitted, in compliance with said Act:

First- That Lizi Home Care ALF Corporation desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of incorporation at the City of Miami, County of Miami-Dade, State of Florida has named Mercedes Suarez located at 3940 SW 133<sup>rd</sup> Avenue, City of Miami, County of Miami-Dade, State of Florida, as its agent to accept service of process within this State.

**ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above stated corporation, at place designated in the certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

By:

  
\_\_\_\_\_

**FILED**

00 APR 18 AM 8:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

H00000017725