TRANSMITTAL LETTER

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

SUBJECT:

900003630899---8 -02/02/01--01094--006 ******78.75 ******78.75

Enclosed is an original and or	e(1) copy of the artic	les of incorporation and a	check for:		
\$70.00 \$78 Filing Fee Filing	.75	\$1 \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
FROM: Sie Mayor Name (Printed or typed)					
Address Address Address City, State & Zip Daytime Telephone number					

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



ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	·
ARTICLE I NAME The name of the corporation shall be: May nor Group April Inc.	÷ ;
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: W. Palm B. W. Palm ARTICLE III PURPOSE The purpose for which the corporation is organized is: Group home for mentally Mandicapped	grand and state of the state of
ARTICLE IV SHARES The number of shares of stock is:	<u>.</u>
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s) and address(es): Cussive mayor 1406 394584. W. Paln Beach, FC 33407	FILED 01 FEB -2 PM 3: SECRETARY OF STAT TALLAHASSEE, FLORE
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is:	: 22 TE
GUSSIE MAYNOR 1464 345 8- Wifeln Beach, FL 33407	
ARTICLE VII INCORPORATOR The <u>name and address</u> of the Incorporator is: GUSSIZE MCUPOC 406 39428- ***********************************	*******
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act	ration at the place designated in this
Signature/Registered Agent	Date
Signature/Incorporator	1/28/01 Date