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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| ertified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| Office Use Only |



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an Mr F'A

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

Re: Almark Health Services Inc. 4502 Almark Drive Orlando, Fl 32839

Dear Department of State:

I am enclosing an original and one copy of the Articles of Incorporation for the above-proposed corporation. [I reserved the above corporate name with your office pursuant to reservation #]______, dated 07/19/2003.

Also enclosed is check/ money order in the amount of \$ 122.50 for payment of the following fees:

| Filing Fee | \$ 35.00 |
|----------------------|--------------|
| Certified copy fee | <u>52.50</u> |
| Registered Agent fee | <u>35.00</u> |
| Charter Tax | 00.00 |

TOTAL 122.50

Please file the original articles and return the certified copy to me at the above address:

Sincerely

Incorporator Texus Wallace

ARTICLES OF INCORPORATION OF ALMARK HEALTH SERVICES INC.

ONE: The name of the corporation is ALMARK HEALTH SERVICES INC.

TWO: The duration of the corporation shall be perpetual.

THREE: The address of the corporation 14502 Hallmark Drive Orlando, FL 32839

FOUR: The general purpose or purposes for which this corporation is being formed is/are to provide services for adults needing Assisted Care, providing a home away from home to assist people in maintaining their autonomy in activities of daily living. Transportation services consultation and any other lawful business activity for which corporation may be incorporated under Chapter 607 of the Florida Statutes.

FIVE: The aggregate number of shares, which the corporation shall have authority to issue is:

One Thousand (1,000) common shares having a value of \$1.00 per share.

SIX: The registered agent and the street address of the initial registered office of the corporation in the state of Florida is:

Address

xus Wallace 4502 Almark Drive Orlando, FL 32839

| SEVEN: | The number of directors constituting the initial board of |
|--------|---|
| | director is 1 and the name and address of each person who |
| | is to serve as a member thereof is as follows: |

Name

Address

Texus Wallace

4502 Almark Drive Orlando, FL 32839

EIGHT: The name and address of the sole incorporator is:

Name

Address

Texus Wallace

4502 Almark Drive

Orlando, FL 32839

IN WITNESS WHEREOF, the undersigned, as sole incorporator of this corporation has executed these articles of Incorporation.

| DATED: | 7/19/03 |
|--------|------------|
| ~~~~~~ | 7_ ' 1 ' - |

The internal affairs of the corporation shall be governed by the By- Laws of the corporation, which shall be adopted at first meeting of the board of directors.

STATE OF FLORIDA

COUNTY OF SEMINOLE

I, HEREBY CERTIFY that on this day, before me, a Notary Public authorized in the state and county named above to take acknowledgments, personally appeared To me known to be the person described Texus Wallace as the subscriber in and who executed the foregoing Articles of Incorporation, and acknowledged before me that he/ she subscribed to those Articles of Incorporation.

WITNESS my hand and official seal in the County and State named above this

y of <u>July</u> ,2003

Notary Public

My commission expires:

I, the undersigned, hereby accept the appointment as Registered Agent of the above noted corporation. I am familiar with, and accept the obligations of, Section 607.325 of the Florida Statutes.

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FC IN1420-800-53-091-0

