

Division of Corporations

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P99000067029

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

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

From: Account Name : MEDGUARD SERVICES INC.
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SECRETARY OF STATE
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FLORIDA PROFIT CORPORATION OR P.A.

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Certificate of Status	0
Certified Copy	1
Page Count	01
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

MARILIN ADULT LIVING FACILITY INC.

ARTICLE II PRINCIPAL OFFICE

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

7312 S.W. 16th Street
Miami, Florida 33155

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: The number share which this corporation shall have the authority to issue is 100 shares of common stock No par Value. Each share shall have equal rights with each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Milagros Palenzuela, President
4250 S.W. 135th Avenue
Miami, Florida 33175

ARTICLE V INCORPORATOR

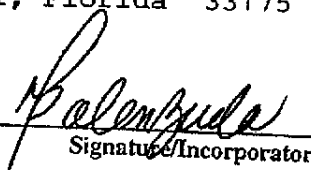
The name and address of the incorporator to these Articles of Incorporation are:

Milagros Palenzuela, President
4250 S.W. 135th Avenue
Miami, Florida 33175

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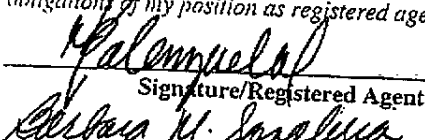

Signature/Incorporator

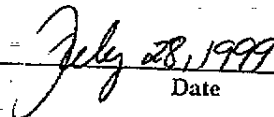
07/28/99

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


Signature/Registered Agent
Barbara M. Sorales
Medguard Services, Inc.
9274 S.W. 40th Street
Miami, Florida 33165


Date

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