

Division of Corporations

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P99000089073

## Florida Department of State

Division of Corporations

Public Access System

Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

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## To:

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

## From:

Account Name : MEDGUARD SERVICES INC.  
Account Number : I19990000019  
Phone : (305) 389-2049  
Fax Number : (305) 220-7776

## FLORIDA PROFIT CORPORATION OR P.A.

Hialeah Home ALF Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 OCT - 8 PM 12:03

B. McKnight OCT - 8 1999

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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:

Hialeah Home ALF Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:  
8230 West 16th Avenue  
Hialeah, Florida 33014

### 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 & STREET ADDRESS

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

Haydee M. Armas, President  
8230 West 16th Avenue  
Hialeah, Florida 33014

### ARTICLE V INCORPORATOR

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

Haydee M. Armas  
8230 West 16th Avenue  
Hialeah, Florida 33014

Haydee M. Armas  
Signature/Incorporator

10/08/99  
Date

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99 OCT -8 PM 12:03

( 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.

Barbara Sanchez, Pres.  
Signature/Registered Agent  
Medguard Services, Inc.

9274 S.W. 40 Street  
Miami, Florida 33165

Armas 10/08/99  
Date

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Haydee M. Armas  
8230 West 16th Avenue  
Hialeah, Florida 33014

*[Signature]*  
Signature/Incorporator

*10/08/99*  
Date

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Signature/Registered Agent

*Barbara Sanchez, Pres.*  
Medguard Services, Inc.

9274 S.W. 40 Street  
Miami, Florida 33165

*[Signature]*  
Date

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