Department of State

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 i wind

SUBJECT:	LIVING	WELL	ADULT	FACILITY	TNC.

1.1

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

\$70.00 Filing Fee **□** \$78.75

Filing Fee &

Certificate of

Status

\$78.75

Filing Fee

\$87.50 Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: HYACINTH

Name (Printed or typed)

PEMBROKE PINES FL, 33029

City, State & Zip

(954) 431-1678

(1,4)

Daytime Telephone number

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

1 C. 5-30-00

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

NAME

The name of the corporation shall be: LIVING WELL ADULT FACILITY INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1552 NW 182 nd way pembroke pines 11, 33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:QULITY CARE FOR ELDERLY PATIENT.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

1000 SHARES

THE DIRECTORES WILL BE ELECTED BY ANNUAL MEETINGS.

ARTICLE V INITIAL DIRECTORS OFFICERS

The name and addresses: HYACINTH GAYLE

1552 NW 182nd way

PEMBROKE PINES, FL 33029

INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is: GEORGE HOWARD

8811 sw 21 st

MIAMI ,FL 33025

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is: HYACINTH GAYLE

1552 NW 182nd way

£6.5

PEMBROKE PINES, FL 33029

Having been named as registered agent to accept service of process for the above stated corporation at the place designated

in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Incorporator