

N00000007717

TRANSMITTAL LETTER

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

SUBJECT: CROSS CITY MANOR N.P INC,
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

700003448877--8
-11/02/00--01068--007
*****87.50 *****87.50

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
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Jimmie J. Adkins
Name (Printed or typed)

P.O. Box 2542
Address

CROSS CITY FL. 32628
City, State & Zip

352 498 7158
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 NOV 17 PM 12:21

FILED

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

T. Burch NOV 20 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

November 2, 2000

JIMMIE J ADKINS
PO BOX 2542
CROSS CITY, FL 32628

SUBJECT: CROSS CITY MANOR N.P. INC.
Ref. Number: W00000026399

We have received your document for CROSS CITY MANOR N.P. INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6928.

Tim Burch
Document Specialist

Letter Number: 700A00057130

ARTICLES OF INCORPORATION

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

CROSS CITY MANOR, N.P. INC.

00 NOV 17 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

401 STOCKADE ROAD P.O. Box 2542
CROSS CITY, FL, 32628 Cross City Fl. 32628

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ASSISTED LIVING FACILITY FOR THE ELDERLY -
STATE ASSISTED - MENTAL HEALTH PERSONS

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

AS PROVIDED IN THE BY-LAWS

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Jimmie J. Adkins Victor Adkins
401 Stockade Road Nancy Adkins
P.O. Box 2542
CROSS CITY FL, 32628

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Jimmie J. Adkins
401 Stockade Road
CROSS CITY FL, 32628

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jimmie J. Adkins
401 Stockade Road
CROSS CITY FL, 32628

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.

Jimmie J. Adkins
Signature/Registered Agent Jimmie J. Adkins

11-15-00
Date

Jimmie J. Adkins
Signature/Incorporator Jimmie J. Adkins

11-15-00
Date

EID# 59-3674105