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ATTORNEYS AT LAW

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February 21, 2001

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

EFFECTIVE DATE
02/26/01

Re: Incorporation of TRIANGLE OF CARE, INC.

Gentlemen:

Enclosed herewith is an original and one copy of the proposed Articles of Incorporation and Designation of Registered Agent for TRIANGLE OF CARE, INC..

Also enclosed is my check in the amount of \$87.50, representing the filing fee, certified copy and certificate.

Thank you very much for your assistance.

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*****87.50 *****87.50

Sincerely,



J. Dana Fogle

JDF/js
Enclosures

FILED
01 MAR -2 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SeB
3/16
⑤

EFFECTIVE DATE

02/26/01

**ARTICLES OF INCORPORATION
OF
TRIANGLE OF CARE, INC.**

FILED
01 MAR -2 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporators, for the purpose of forming a corporation under the Florida Not for Profit corporation Act, hereby adopt the following Articles of Incorporation:

ARTICLE I

The name of this corporation shall be TRIANGLE OF CARE, INC.

ARTICLE II
PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1452 Braemoor Dunes, Apt. B, Orange City, Florida 32763.

ARTICLE III
PURPOSE

The general nature of business to be transacted by this corporation is to own and operate a facility to provide a home environment, including home living skills for disadvantaged persons, and to engage in any activity or business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE IV
MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected shall be pursuant to the bylaws of the corporation.

ARTICLE V
INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the initial resident agent are:

TERRI HOUGH
411 S. Albany Ave.
DeLand, Florida 32724

ARTICLE VI
INCORPORATORS

The name and street address of the Incorporators to these articles of incorporation are:

KIMBERLY GREEN
1452 Braemoor Dunes
Apt. B
Orange City, Fl. 32763

TERRI HOUGH
411 S. Albany Ave.
DeLand, Florida 32724

ARTICLE VII
DIRECTORS

The initial directors who shall hold office until their successors are elected pursuant to the bylaws are:

KIMBERLY GREEN
1452 Braemoor Dunes
Apt. B
Orange City, Fl. 32763

TERRI HOUGH
411 S. Albany Ave.
DeLand, Florida 32724

ARTICLE VIII
DISSOLUTION

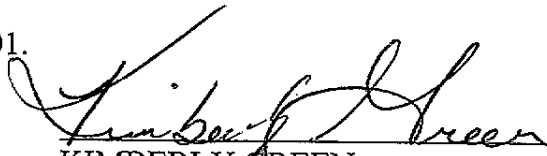

In the event of dissolution, the residual assets of the organization will be turned over to one or more organizations which themselves are exempt as organizations described in Sections 501(c)(3) of the Internal Revenue Code of 1986, or corresponding sections of any prior or future law, or to the federal, state, or local government for exclusive public purpose.

ARTICLE IX
COMMENCEMENT OF CORPORATE EXISTENCE

This corporation shall commence to exist on February 26, 2001.

IN WITNESS WHEREOF, WE, KIMBERLY GREEN and TERRI HOUGH, being the original subscribers to the capital stock hereinabove named, for the purpose of forming a corporation to do business both within and without the State of Florida, under the laws of the State of Florida, do make and file this Certificate, hereby declaring and certifying that the facts herein stated are true, and hereunto set our hands and seals

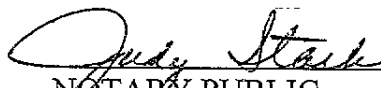
this 21 day of Feb., 2001.


KIMBERLY GREEN

TERRI HOUGH

STATE OF FLORIDA

COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 21 day of February, 2001, by KIMBERLY GREEN and TERRI HOUGH, who are _____ personally known to me or who have produced Fl. Drivers Lic. as identification and who did/did not take an oath.

 (SEAL)
NOTARY PUBLIC
State of Florida at Large

My Commission Number/Expires:



Judy Stark
MY COMMISSION # CC688917 EXPIRES
January 24, 2002
BONDED THRU TROY FAIN INSURANCE, INC.

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 05 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida:

1. The name of the corporation is TRIANGLE OF CARE, INC.

ACKNOWLEDGMENT:

2. The name and address of the registered agent and office is:

TERRI HOUGH
411 S. Albany Ave.
DeLand, Florida 32724

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01 MAR -2 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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: _____

TERRI HOUGH

Date: _____

2/21/01