NOQUOCO 7043 TRANSMITTAL LETTER

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

100007337811---8 -08/26/02--01048--014 ******70.00 ******70.00

SUBJECT: AGUE ASSISTED LIVING FOR ILLUS 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 & Certified Copy

□ \$87.50 Filing Fee,

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: Sobring Holmes

330 W Ave. B

Belleglade FL 3343D City, State & Zip

(5b) 996-3888 Daytime Telephone numb

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

M 9/16



FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State

August 28, 2002

SABRINA HOLMES 330 SW AVE B SUITE C BELLEGLADE, FL 33430

SUBJECT: AFAYE ASSISTED LIVING FACILITY, INC.

Ref. Number: W02000025005

We have received your document for AFAYE ASSISTED LIVING FACILITY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6067.

Neysa Culligan Document Specialist New Filing Section

Letter Number: 902A00050192

ARTICLES OF INCORPORATION In Compliance with Chapter 617, F.S., (Not for Profit)
The name of the corporation shall be: FILED FILED OF SEP 16 PM 1: 09
The principal place of business and mailing address of this corporation shall be: SECRETARY OF STATE TALLAHASSEE, FLORIDA
ARTICLE III PURPOSE
ARTICLE III PURPOSE The purpose for which the corporation is organized is: TD Provide a Safe housing facility for disabled housing to reduce the restraction of the purpose for which the corporation is organized is: TD Provide a Safe housing focility for disabled housing the purpose of the purpose with 1000 to moderate income.
The manner, in which the directors are elected or appointed: All directors will be elected by the existing board members; Board Shall Consist of not less than 3 Persons at all times.
ARTICLE V INITIAL DIRECTORS OFFICERS
The name and addresses: Subrina Holmes 3305W AVEB Relteglade FL33430 Telleglade FL33430 Stella Carry 806 94m91-47 10Ke Parkit 3340
President Vice-President
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and Florida street address of the registered agent is:
Sabrina Holines 330 Sw Ave B. Str. C Palleglode, FL 33430
Bellegiooe, FL 33438 ARTICLEVII INCORPORATOR
The name and address of the Incorporator is:
Sabrina Holmes 330 Sw Ave B Sta. C

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/Registered Agent $\frac{9/13/02}{\text{Date}}$
Signature Registered Agent
Salvana Holmes 9/13/02 Date
Signature/Incorporator Date