

No 4000008003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

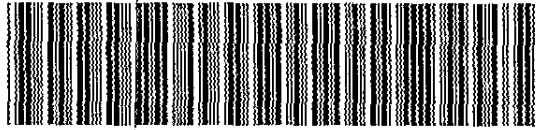
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400039772424

08/10/04--01029--004 **70.00
08/10/04--01029--005 **9.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 16 AM 10:47

m/04-30733

OK etc



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

August 11, 2004

CHERYL L. BENNETT
1630 BALKIN ROAD #68
TALLAHASSEE, FL 32305

SUBJECT: SILVER CREST VILLA OF FLORIDA AN ASSISTED LIVING
FAMILY COMMUNITY
Ref. Number: W04000030732

We have received your document for SILVER CREST VILLA OF FLORIDA AN ASSISTED LIVING FAMILY COMMUNITY and your check(s) totaling \$79.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

The articles are to be completed from number I through VII and signed in both places at the bottom. We need names and addresses where it asks for the name and address. If you don't understand how to complete these articles of Incorporation feel free to call this office and someone will assist you in doing so.

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) 245-6972.

Doris Brown
Document Specialist
New Filings Section

Letter Number: 504A00049845

TRANSMITTAL LETTER

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

SUBJECT: Silver Crest Villa of Florida, Inc.
(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
& Certified Copy

\$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Cheryl A. Bennett
Name (Printed or typed)

1630 Balkin Rd #68
Address

Tallahassee, FL 32305
City, State & Zip

850-322-1619
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 AUG 16 AM 10:47

ARTICLE I NAME

The name of the corporation shall be:

Silver Crest Villa of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

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

1630 Balkin Rd # 68, Tallahassee, FL 32305

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Silver Crest Villa, Inc. is organized to provide assisted living, independent living, adult day program + respite care for the aged.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors are elected by the president.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

Cheryl L. Bennett, President
Tony E. Bennett, Vice President
1630 Balkin Rd # 68, Tallahassee, FL 32305

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Cheryl Bennett
1630 Balkin Rd # 68, Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Cheryl Bennett
1630 Balkin Rd # 68, Tallahassee, FL 32305

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.

Cheryl L. Bennett
Signature/Registered Agent

8-16-2004
Date

Cheryl L. Bennett
Signature/Incorporator

8-16-2004
Date