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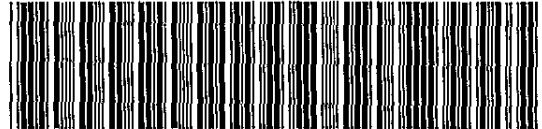
(Business Entity Name)

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FILED
05 MAY 23 PM 4:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ATTORNEYS AT LAW

J. DANA FOGLE

PROBATE & ESTATE PLANNING
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REAL PROPERTY LAW

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May 12, 2005

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

Re: Incorporation of TRIANGLE OF CARE, INC.

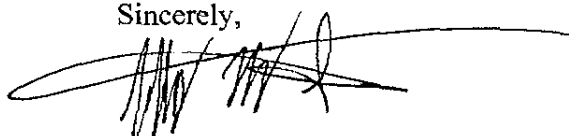
Gentlemen:

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.

Sincerely,



Jeffrey David Stark

JDS/js
Enclosures

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

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05 MAY 23 PM 4:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

The undersigned incorporator, 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:
2831 Chalmer St., Deltona, FL 32738.

**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, disabled veterans, and elderly populations, and to engage in any activity or business permitted under the laws of the United State of America and the State of Florida.

**ARTICLE IV
MANNER OF ELECTION**

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

**ARTICLE V
INITIAL OFFICER**

The initial officer who shall hold office until her successors are elected pursuant to the bylaws are:

TERRI HOUGH, President
TERRI HOUGH, Secretary

ARTICLE VI
INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial resident agent are:

TERRI HOUGH
2831 Chalmer St.
Deltona, FL 32738

ARTICLE VII
INCORPORATOR

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

TERRI HOUGH
2831 Chalmer St.
Deltona, FL 32738

IN WITNESS WHEREOF, I, TERRI HOUGH, being the original subscriber hereto, 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 my hand and seals this 18th day of May, 2005.


TERRI HOUGH

STATE OF FLORIDA
COUNTY OF VOLUSIA

The foregoing instrument was acknowledged before me this 18th day of May, 2005, by TERRI HOUGH, who is personally known to me or who has produced Her Hospital ID as identification and who did take an oath.


NOTARY PUBLIC
State of Florida at Large

(SEAL)

My Commission Number/Expires:



Beverly J. Autry
COMMISSION # DD140727 EXPIRES
November 19, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

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

FILED

05 MAY 23 PM 4: 54

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 tin 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
2831 Chalmer St.
Deltona, Fl. 32738

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: _____

May 18, 2005