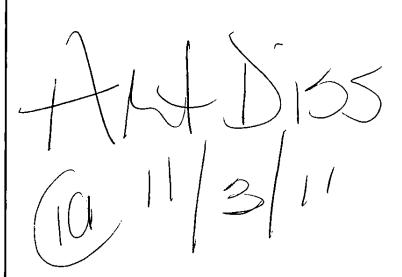
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COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations

SUBJECT: NORMANDY ESTATES ASSISTED LIVING, INC. **DOCUMENT NUMBER: N11000009836** The enclosed Articles of Dissolution and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CASZIE HART (Name of Contact Person) CAREGIVER CONSULTING, INC. (Firm/Company) 13899 BISCAYNE BLVD., SUITE 101 (Address) MIAMI, FL 33181 (City/State and Zip Code) For further information concerning this matter, please call: at (786) 514-9177

(Area Code & DaytimeTelephone Number) CASZIE HART (Name of Contact Person) Enclosed is a check for the following amount: ✓ \$35 Filing Fee ☐ \$43.75 Filing Fee & ☐ \$43.75 Filing Fee & ☐ \$52.50 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (Additional copy is Certified Copy (Additional copy is enclosed) enclosed) **MAILING ADDRESS:** STREET ADDRESS: **Amendment Section** Amendment Section **Division of Corporations Division of Corporations** Clifton Building P.O. Box 6327

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF DISSOLUTION

Pursuant to section 617.1401, Florida Statutes, this Florida not for profit corporation submits the following Articles of Dissolution:

FIRST:	The name of the corporation as currently filed with the Florida Department of State:		
	NORMANDY ESTATES ASSISTED LIVING, INC.		
SECOND:	The document number of the corporation (if known): N11000009836		
THIRD:	The file date of the articles of incorporation: 10/17/2011		
FOURTH	The corporation has not commenced to conduct its affairs.		
FIFTH:	No debts of the corporation remains unpaid.		
SIXTH:	Adoption of Dissolution (CHECK ONE) (Note: Cannot be authorized by an incorporator if the corporation has directors)	_	Ω.
	The dissolution was authorized by a majority of the directors: OR	11 NOV -	VISION O
	✓ The dissolution was authorized by an incorporator.	-2 ₽	F COR
	☐ The dissolution was authorized by a majority of the incorporators.	AM 9: 25	SEUKE IARY OF STATE DIVISION OF CORPORATIONS
Signa	(By the chairman or vice chairman of the board, president or other officer- if directors have not be selected, by an incorporator- if in the hands of a receiver, trustee, or other court appointed fiduciation that fiduciary)	een ury, by	
	GARY STANLEY		
	(Typed or printed name of person signing)		
	PRESIDENT (Title of person signing)		

Filing Fee: \$35