NOKOUO COURS

97 DEC 31 AM ID: 06

December 29, 1997

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Department of State Corporate Records/ Division of Non-Profit Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Secretary of State:

Enclosed find one original and a copy of the Articles of McCARTY ADULT FAMILY CARE HOME, INC.

Also find enclosed a check made payable to the Secretary of State in the amount of \$122.50 which includes the statutory filing fee. Your assistance in establishing the non-profit corporation to be known as McCARTY ADULT FAMILY CARE HOME, INC. is appreciated.

Respectfully,

Bernice McCarty 470 NW 88 St.

Miami, Fl 33150

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ARTICLE OF INCORPORATION

OF

FILED

MCCARTY ADULT FAMILY CARE HOME, INC. 97 DEC 31 AM 10:06

SECRETARY OF STATE TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation pursuant to chapter 617, Florida Statues, adopts the following Articles of Incorporation:

ARTICLE ONE NAME AND PRINCIPAL PLACE OF BUSINESS

The name of the corporation is McCARTY ADULT FAMILY CARE HOME, INC. The principle address of the corporation is: 470 NW 88 St., Miami, Fl 33150.

ARTICLE TWO MAILING ADDRESS

The mailing address of this corporation shall be: 470 NW 88 St., Miami, Fl 33150.

ARTICLE THREE PURPOSE(S)

The purpose for which the corporation is organized is to conduct assisted living for the aged and adults. The people we care for are all senior citizens, currently ranging in age from seventy to ninety-six. The number of people at any time ranges from one to a maximum of five. We house them, feed them, and look after them up to a point where they need medical attention.

It is not the purpose of this corporation to make profits, but rather to take care of a maximum of five people, and contribute positively to their health and wellness.

ARTICLE FOUR MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is described in the by-laws of the Corporation.

ARTICLE FIVE LIMITATION OF CORPORATE POWERS

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, with no limitations:

ARTICLE SIX INITIAL REGISTERED AGENT AND STREET ADDRESS

The street address of its initial registered office is 470 NW 88 St., Miami, Fl 33150 and the name of its initial registered agent at such address is Bernice McCarty.

I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation.

Bernice Mc Cary 12-27-97. Bernice McCarty

ARTICLE SEVEN DIRECTORS

The number of directors constituting the initial board of directors is three, and the name and address of the person or persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualified are:

Name

Mailing Address

Bernice McCarty

470 NW 88 St.

Miami, Fl 33150

Charles Johnson

470 NW 88 St. Miami, Fl 33150

Angela Newton

16 Silver Stone Circle

Savnnah, GA 31406

- ARTICLE EIGHT INCORPORATORS

The name and address of each incorporator is:

Name

Mailing Address

Bernice McCarty

470 NW 88 St. Miami, Fl 33150

(signed)

Incorporator

The powers of the incorporator cease upon filing of the Articles of Incorporation.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

FILED

97 DEC 31 AM 10: 06

Pursuant to the Provisions of sections 607.0501 or 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 McCARTY ADULT FAMILY CARE HOME, INC.
- 2. The name and address of the registered agent and office is:

 Bernice McCarty
 470 NW 88 St.
 Miami, Fl 33150

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 THE APPOINTMENT AS REGISTERED AGENT AND AGREE 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.

DATE: ///

Bernice McCarty