

NO 80000000003

FILED

97 DEC 31 AM 10:06

December 29, 1997

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-12/31/97--01026--018  
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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

P. Hall

JAN 2 1998

ARTICLE OF INCORPORATION

OF

McCARTY ADULT FAMILY CARE HOME, INC.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, acting as incorporator of a corporation pursuant to chapter 617, Florida Statutes, 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 McCarty 12-22-97* . 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 Savannah, 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)

*Bernice McCarty*  
Incorporator

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

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

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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 12-29-97*

Bernice McCarty