

FROM : MEDGUARD
Division of Corporations

FAX NO. : 3052667979

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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 922 4001

From: Account Name : MEDGUARD SERVICES INC.
Account Number : T19990000019
Phone : (305) 389-2049
Fax Number : (305) 266-7979

SECRETARY OF STATE
KATHERINE HARRIS
TALLAHASSEE, FLORIDA

00 MAR 23 AM 10:44

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FLORIDA PROFIT CORPORATION OR P.A.

Casa Llanes ALF Inc.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

Articles of Incorporation

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

CASA LLANES ALF, INC.

ARTICLE II PRINCIPAL OFFICE

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

5861 East 4th Avenue
Hialeah, Florida 33013

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

The number share which this corporation shall have the authority to issue is 100 shares of common stock No par Value. Each share shall have equal rights with each other share with respect to dividends voting and in liquidation.

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

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

Mirtha Casasus
4935 East 8th Court
Hialeah, Florida 33013

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Mirtha Casasus
4935 East 8th Court
Hialeah, Florida 33013

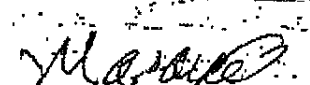

Signature/Incorporator

3-21-00
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(An additional article must be added if an effective date is requested.)

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.


Signature/Registered Agent

3-21-00
Date

Barbara M. Sanabria
Medguard Services, Inc.
1671 S.W. 67th AVE.
Miami, FL 33155