

TRANSMITTAL LETTER
P00000036834

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Twelve Oaks Assisted Living Facility, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900003200449--2
-04/07/00--01089--009
*****87.50 *****87.50

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Jason Uhlinger
Name (Printed or typed)

10400 Drew Bryant Dr
Address

Floral City FL 34436
City, State & Zip

352-637-2020
Daytime Telephone number

FILED
00 APR -7 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

T BROWN APR 12 2000

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Twelve Oaks Assisted Living Facility, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

10400 Drew Bryant Dr.
Floral City FL 34436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisted Living Facility

ARTICLE IV SHARES

The number of shares of stock is:

250

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

President James D. Whlinger Sr.
10400 Drew Bryant Dr.
Floral City FL 34436

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Jason Whlinger
10400 Drew Bryant Dr.
Floral City FL 34436

ARTICLE VII INCORPORATOR

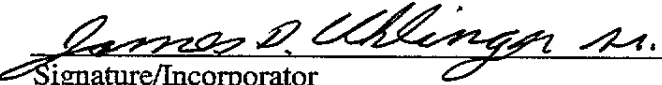
The name and address of the Incorporator is:

James D. Whlinger Sr.
10400 Drew Bryant Dr.
Floral City FL 34436

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent

04/06/00
Date


Signature/Incorporator

04/06/00
Date

FILED
00 APR -7 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA