

TRANSMITTAL LETTER

000000049721

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

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-05/15/00--01123--005
*****78.75 *****78.75

SUBJECT:

Quality Care Assisted Living Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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:

Orlette Miller
Name (Printed or typed)

5851 Holmberg #3324
Address

Parkland, Florida 33067
City, State & Zip

954 755-3225 (516) 697-4138
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 15 PM 1:35

FILED

T. Burch MAY 19 2000

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

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:

Quality Care Assisted Living, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20283 State Road 7 Suite 300
Boca Raton, Florida 33498

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Providing Nursing Services to private homes
hospitals, and Assisted living facilities.

ARTICLE IV SHARES

The number of shares of stock is:

200 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Orlette miller
5851 Holmberg Road #3324
Parkland, Florida 33067

ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

Orlette miller
5851 Holmberg Road #3324
Parkland, Florida 33067

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Orlette miller
5851 Holmberg Road #3324
Parkland, Florida 33067

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

Date

5/9/00

Signature/Incorporator

Date

5/9/00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 MAY 15 PM 1:35

FILED