

P000000064577

TRANSMITTAL LETTER

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

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-06/30/00--01056--012
*****78.75 *****78.75

SUBJECT: Affordable Assisted Care, 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: George J. Schaeffer

Name (Printed or typed)

355 South Ocean Dr.

Address

Ft. Pierce, FL 34949

City, State & Zip

561-468-2273

Daytime Telephone number

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUN 30 PM 12:06

B. McKnight JUL 05 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:

Affordable Assisted Care, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

2491 Keen Road, Ft. Pierce, FL 34951 -(Principle place of business)

355 South Ocean Dr., Ft. Pierce, FL 34949 -(Mailing Address)

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Adult Living Facility

ARTICLE IV SHARES

The number of shares of stock is:

Five hundred shares of "Common Stock" at one dollar par value.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

George J. Schaeffer - President

Margaret T. Miles - Secretary/Treasurer

ARTICLE VI REGISTERED AGENT

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

George J. Schaeffer

355 South Ocean Dr.

Ft. Pierce, FL 34949

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

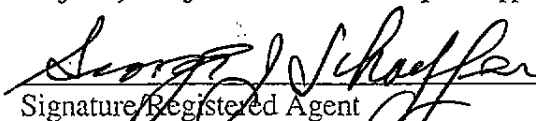
George J. Schaeffer

355 South Ocean Dr.

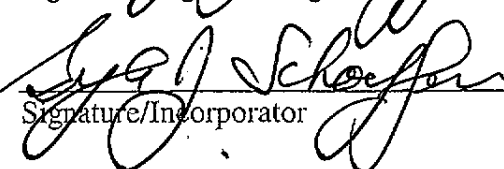
Ft. Pierce, FL 34949

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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

6-27-00
Date


Signature/Incorporator

6-27-00
Date