

P00000084356

TRANSMITTAL LETTER

FILED

00 SEP -1 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

400003379754--5  
-09/01/00--01027--016  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT:

Vision Retirement Center, 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:

Romuald Aristide

Name (Printed or typed)

615 Seascape Ave.

Address

Orlando, FL 32828

City, State & Zip

407 282-2584

Daytime Telephone number

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

D. BROWN SEP - 7 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:

Vision Retirement Center, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1611 Elizabeth St.  
Melbourne, FL 32901

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to engage in every phase and aspect of the business of rendering assisted living care to the public, as an ALF, duly licensed under the laws of the State of Florida, is authorized to render, but such services shall be rendered only through officers, employees and agents of this Corporation.

## ARTICLE IV SHARES

The number of shares of stock is:

1,000 shares of \$1.00 per value common stock

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Directors

Romuald Aristide  
Betty Aristide

615 Seascape Ave.  
Orlando, FL 32828

## ARTICLE VI REGISTERED AGENT

The name and Florida street address registered agent is:

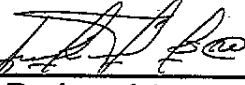
Romuald Aristide  
615 Seascape Ave.  
Orlando, FL 32828

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

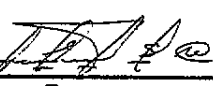
Romuald Aristide  
615 Seascape Ave.  
Orlando, FL 32828

\*\*\*\*\*  
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

8-29-00

  
Signature/Incorporator

Date

8-29-00

FILED

00 SEP -1 AM 9:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA