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To: Division of Corporations  
Fax Number : (850) 922-4001

From: Account Name : ACE INDUSTRIES, INC.  
Account Number : 070744001530  
Phone : (305) 358-2571  
Fax Number : (305) 358-7832

FLORIDA PROFIT CORPORATION OR P.A.  
SUNRISE ADULT CARE SERVICES, INC.

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**H00-53712**

**Articles of Incorporation**

Article 1: Name of Corporation: **SUNRISE ADULT CARE SERVICES, INC.**

Address of Corporation: **4102 COOLEY COURT  
LAKE WORTH, FLORIDA 33461**

Article 2: Capital Stock: The number of shares which the corporation has authorized to be outstanding at any one time is **100**, with a par value of **\$1.00**.

Article 3: REGISTERED AGENT: **JAMES HANNAH**

REGISTERED OFFICE: **4102 COOLEY COURT  
LAKE WORTH, FLORIDA 33461**

\*I am familiar with and hereby accept the duties and responsibilities as Registered Agent for said corporation.

  
Signature of Registered Agent

Article 4: The Board of Directors are: (Board of Directors is NOT REQUIRED).  
First listed is President, Second is Vice President, then Secretary/Treasurer.

- 1. **MAUVETTE BEAUMONT, 4102 COOLEY COURT, LAKE WORTH, FLORIDA 33461**
- 2. **JAMES HANNAH, 4102 COOLEY COURT, LAKE WORTH, FLORIDA 33461**
- 3.

Article 5: The NAME and ADDRESS of the INCORPORATOR is:

**MAUVETTE BEAUMONT  
4102 COOLEY COURT  
LAKE WORTH, FLORIDA 33461**

In witness whereof, I have subscribed my name:

  
Signature of Incorporator

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