

TRANSMITTAL LETTER

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

00 NOV 30 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

300003481873--9  
-11/30/00--01078--008  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Charlotte 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: Ann Roney, RN.  
Name (Printed or typed)

266 East Tarpon Blvd.  
Address

Port Charlotte, Florida 33952  
City, State & Zip

(941) 764-9653 or 766-8803  
Daytime Telephone number

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

*PR 12/1/00*

# 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:

Charlotte Assisted Living, Inc.

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TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

266 East Tarpon Blvd., Port Charlotte, Fl. 33952

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Operation of Assisted Living Facilities

## ARTICLE IV SHARES

The number of shares of stock is:

100.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Ann Roney, R.N.  
266 East Tarpon Blvd.  
Port Charlotte, Fl. 33952

## ARTICLE VI REGISTERED AGENT

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

Ann Roney, R.N.  
266 East Tarpon Blvd  
Port Charlotte, Fl. 33952

## ARTICLE VII INCORPORATOR

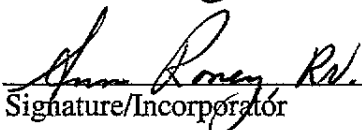
The name and address of the Incorporator is:

Ann Roney, R.N.  
266 East Tarpon Blvd.  
Port Charlotte, Fl. 33952

\*\*\*\*\*  
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

11/27/00  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature/Incorporator

11/27/00  
\_\_\_\_\_  
Date