

TRANSMITTAL LETTER

P01000015447

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

900003672389--9  
-02/09/01--01051--014  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: CHMIEL . CORP  
(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: MARIANNA ADRASIEWICZ - CHMIEL  
Name (Printed or typed)

1051 GLENWOOD DR  
Address

DUNEDIN FL 36698  
City, State & Zip

727-736 5442  
Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 FEB -9 AM 7:39

FILED

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

F. CHESNEY

FEB 1 2 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:

CHMIEL CORP.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1051 GLENWOOD DR

DUNEDIN FL. 34698

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisted Living Facility

## ARTICLE IV SHARES

The number of shares of stock is:

100

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

MARIANNA ADASIEWICZ-CHMIEL 1051 Glenwood dr. Dunedin  
ADAM. M. CHMIEL -1051 GLENWOOD dr. Dunedin FL 34698

## ARTICLE VI REGISTERED AGENT

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

MARIANNA ADASIEWICZ - CHMIE

1051 GLENWOOD DR. DUNEDIN FL. 34698

## ARTICLE VII INCORPORATOR

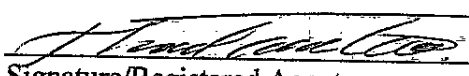
The name and address of the Incorporator is:

MARIANNA ADASIEWICZ - CHMIEL

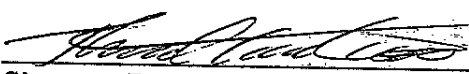
1051 GLENWOOD DR

DUNEDIN FL. 34698

\*\*\*\*\*  
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

02/05/01  
Date

  
Signature/Incorporator

02/05/01  
Date

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 FEB -9 AM 7:39

FILED