TRANSMITTAL LETTER

P6100016935

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

SUBJECT: DIGNIFIE	O AGING TE NAME - MUST INCL	-02/14/01 *****78. <u>///</u> &DE SUFFIX)	01044- 75 ****	-017 **78.75
Enclosed is an original and one(1) copy of the article \$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	es of incorporation and a \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of		
FROM: DONNA GAGNE	ADDITIONAL CO		_	
PD, BUX 14754 Address		SECRETARY OF STATE TALLAHASSEE, FLORIDA	FILE 01 · FEB 14	
(727) 791-67	State & Zip 126 lephone number	OF STATE	ED 8: 08	

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

Los Silo

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAME The name of the corporation shall be: DIGNIFIED AGING	5, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: P.D. BUX 14784, CLBAMATER, CLA 33761	,
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	
ARTICLE IV SHARES The number of shares of stock is: DDO ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es): DOWNA GAGNON PUPSCOTR/ DIRECTORS PD, BIX 14754 CUBARWATA, FLA 33761	OT FEB I'U M 18: 10:8 SECRETARY OF STATIC TALLAHASSEE, FLORIDA
ARTICLE VI REGISTERED AGENT The name and Florida street address of the registered agent is: Down't GAGNOP 2712 Sand Hollow Ct Clearwater, FL 33766	
ARTICLE VII INCORPORATOR The name and address of the Incorporator is: DOWNA GAGNON P.D. BIX 14754 CLEARMATER FLA 33761	
********************	:*****
Having been named as registered agent to accept service of process for the above stated corporation certificate, I am familiar with and accept the appointment as registered agent and agree to act in the	on at the place designated in this
Lord of	2-12-11
Signature/Registered Agent Dat	$\frac{2-12-01}{10}$

Signature/Incorporator