P010000 39990

MOYAL & ASSOCIATES, INC.
208 N. UNIVERSITY DRIVE
PEMBROKE Pines, FL. 33024
TEL (954) 430-3930 FAX (954) 430-3939
EMAIL: PMOYAL@MSN.COM

TRANSMITTAL LETTER

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

000004015810--7
-04/18/01--01064--019
*****78.75 *****78.75

SUBJECT: THE GILLILAN'S FAMILY CARE HOME, INC

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

X $70.00 Filing Fee	X $78.75 Filing Fee & Certificate	$122.50 Filing Fee & Certified Copy	$131.25 Filing Fee, Certified Copy & Certificate	

FILED
01 APR 18 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FROM PATRICIA GILLILAN

12117 SANDY RUN ROAD

JUPITER FLORIDA 33029

561-748-7549
561-748-5385

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

File: f:\CORPMAST

F. CHESSEN APR 2 0 2000

THE GILLILAN'S FAMILY CARE HOME, INC

FILED
01 APR 18 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name of corporation:

The name of this corporation is: THE GILLILAN'S FAMILY CARE HOME, INC

ARTICLE II - Duration:

This corporation shall have perpetual existence commencing on the date of this filing of those Articles with the Department of State.

ARTICLE III - Purpose:

This corporation is organized for the purposed of transacting of any and all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes as same now exists or may hereafter be amended.

ARTICLE IV - Capital Stock:

This corporation is authorized to issue 600 shares of One-dollar par value common stock, which shall be designated as "Common Shares."

ARTICLE V - Pre-emptive Rights:

Every shareholder, upon the sale for cash of any new stock of this corporation, shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional shares) at the price at which it is offered to others.

ARTICLE VI - Initial Registered Office and Agent:

The street and address of the initial registered office of this corporation is

12117 SANDY RUN ROAD
JUPITER FLORIDA 33029

And the name of the initial registered agent of this corporation upon whom service of process may be had is: **PATRICIA GILLILAN.**

ARTICLE VII - Initial Board of Directors:

This corporation shall have one Director constituting the initial Board of Director. The number of directors may be either increased or decreased from time to time by bylaws; however, there shall never be less than one Director nor more than five. The name and address of the initial Board of Directors of the corporation is:

PATRICIA GILLILAN
12117 SANDY RUN ROAD
JUPITER FLORIDA 33029

ARTICLE VIII - Incorporators:

The name and address of the Incorporator signing these Articles is:

PATRICIA GILLILAN
12117 SANDY RUN ROAD
JUPITER FLORIDA 33029

ARTICLE IX - Indemnification:

The corporation shall indemnify any Officer or Director or any former Officer or Director, to the full extent permitted by law.

ARTICLE X - Amendment:

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, by a majority vote of the Board of Directors, and any right conferred upon the shareholders is subject to this reservation.

ARTICLE XI – Principal Office & Mailing Address :

The principal Office & Mailing Address of the Corporation is:

12117 SANDY RUN ROAD
JUPITER, FLORIDA 33029

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation on:

PATRICIA GILLILAN
Incorporator

STATE OF FLORIDA }
} **SS**
COUNTY OF BROWARD }

BEFORE ME, an officer duly authorized to administer oaths and take acknowledgments, personally appeared who is personally known to me, and known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and he acknowledged before me that he executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set my hand and seal in the State and County above, this day March 23, 2001

NOTARY PUBLIC
State of Florida

My Commission Expires

PATRICK MOYAL
MY COMMISSION # CC 999633
EXPIRES: February 6, 2005
Bonded Thru Notary Public Underwriters

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **THE GILLILAN'S FAMILY CARE HOME, INC**

2. The name and address of the registered agent and office is:

PATRICIA GILLILAN
(Name)

12117 SANDY RUN ROAD
(P.O. Box or Mail Drop Box NOT Acceptable)

JUPITER FLORIDA 33029
(City/State/Zip)

FILED
01 APR 18 AM 8:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Having been named as a registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Patricia Gillilan
(Signature)

March 23, 2001
(Date)