

TRANSMITTAL LETTER

**P010000048749**

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

SUBJECT: SILVER PINES ASSISTED LIVING FACILITY, INC  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

300004193163--2  
-05/10/01--01071--006  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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: VANDIS BROWN  
Name (Printed or typed)

2360 MADRID AVE

Address

PALM BAY, FL 32909

City, State & Zip

(321) 956-8141

Daytime Telephone number

01 MAY 10 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

T. Burch MAY 16 2001

## 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:

SILVER PINES ASSISTED LIVING FACILITY, INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2360 MADRID AVE,

PALM BAY, FL 32909

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SUPERVISION AND ASSISTANCE WITH ACTIVITIES OF DAILY LIVING

### ARTICLE IV SHARES

The number of shares of stock is:

100,000

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

VANDIS BROWN - PRESIDENT/CEO

WILFRED BROWN - VICE PRESIDENT/TREASURER

### ARTICLE VI REGISTERED AGENT

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

VANDIS BROWN

2360 MADRID AVE

PALM BAY, FL 32909

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

WILFRED BROWN

2360 MADRID AVE

PALM BAY, FL 32909

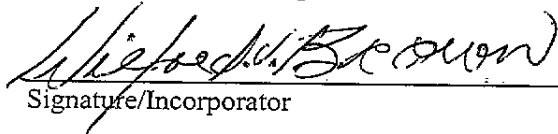
\*\*\*\*\*

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

5/3/01  
Date



Signature/Incorporator

5-3-2001  
Date

FILED  
01 MAY 10 AM 10:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA