

P01000089688

TRANSMITTAL LETTER

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

000004577950--1  
-09/10/01--01076--014  
\*\*\*\*\*122.50 \*\*\*\*\*78.75

Subject: Magnolia Woods 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 ☐ \$78.75 ☒ \$122.50 ☐ \$131.25

FROM:

Julie B Summerlin

(Name - printed or typed)

12912 CR 721

(Address)

Webster, FL 33597

(City/State/Zip)

352 / 793 - 7709

(Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FL 90000

01 SEP 10 PM 2:59

FILED

T. Burch SEP 12 2001

ARTICLES OF INCORPORATION  
OF

FILED  
01 SEP 10 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE 1

The name of the corporation shall be: Magnolia Woods Assisted  
Living, Inc.

ARTICLE II

The principal place of business and mailing address of this  
corporation shall be:

12912 CR 721  
Webster, FL 33597

ARTICLE III

The number of shares of stock that this corporation is authorized  
to have outstanding at any one time is 500  
with a par value of \$1 One Dollar each.

ARTICLE IV

The name and address of the initial registered agent is:

Julie B. Summerlin  
12912 CR 721  
Webster, FL 33597

ARTICLE V

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

Steven D Summerlin  
12912 CR 721  
Webster, FL 33597

Julie B Summerlin  
12912 CR 721  
Webster, FL 33597

Joan C Bush  
241 S Central Rd.  
Libby, MT 59923

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this 6 day of September, ~~2001~~ 2001

Steven D Summerlin  
(Signature)

Julie B Summerlin  
(Signature)

Joan C Bush  
(Signature)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 607.0501 or 617.0501, 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: Magnolia Woods Assisted  
Living Inc.

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

Julie B. Summerlin  
(Name)

12912 CR 721  
(Address)  
(P.O. Box not acceptable)

Webster, FL 33597  
(City/State/Zip)

01 SEP 10 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Having been named as 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.

Julie B Summerlin  
(Signature)

09/06/01  
(Date)