TRANSMITTAL LETTER Olooo/10433

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

SUBJECT: FIVE STON OWE (PROPOSED CORPORA)		UDE SUFFIX)	
Enclosed is an original and one(1) copy of the article	-	*****78.	01052n12
\$70.00 \$78.75 Filing Fee Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Co & Certificate Status PY REQUIRE	e of
1300 Corporate	and nted or typed) (enter Way didress	5tc.103	FILED. OI NOV I 4 AM 10: 47 SECRETARY OF STATE ALLAHASSEE, FLORID
(561) 333-106	tate & Zip Gephone number	A	DA T

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

Ps,/19/012

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ARTICLES OF INCORPORATION	•	
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	FILED	
ARTICLE I NAME The name of the corporation shall be:	01 NOV 14 AM 10: 47	
•	SECRETARY OF STATE	
Five Star Care, Inc.	TALLAHASSEE, FLORIDA	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 1300 Corporate Center Way Suite 103 Wellington, fc 33414		
ARTICLE III OPURPOSE The purpose for which the corporation is organized is:	· • •	
Hearth Care Savings		
ARTICLE IV SHARES The number of shares of stock is: 1000		
ARTICLE V INITIAL OFFICERS DIRECTORS (optional) The name(s) and address(es):		
· 		
ARTICLE VI REGISTERED AGENT		
The <u>name and Florida street address</u> of the registered agent is: Paul Eupfrian 1901 Shower Tree Way		
Wellington FL 33414		
ARTICLE VII INCORPORATOR	en e	
The <u>name and address</u> of the Incorporator is: Paul Kupfnan 1901 Shower Tree Way		
Wallington, PC 33414		

Having been named as registered agent to accept service of process for the above stated concertificate, I am familiar with and accept the appointment as registered agent and agree to a	rporation at the place designated in this ct in this capacity	
Paul C. Kurbrian	11 7-01	
Paul C. Kupbuan Signature/Registered Agent/	Date	
Paul C. Kupfuan	11-701	
Signature/Incorporator	11- 7-01 Date	