## PO1899118268

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

closed are an orig	inal and one (1) copy of the arti	cles of incorporation and	d a check for:	•
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	
FROM:	Coo	(Printed or typed)	SECRET ARY OF TALLAHASSEE	OI DEC 13 AM
-	care coral, 1	Address FL 33914 State & Zip	FLORIDA	9: 31

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



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:  CAPE UILLA, Inc.	OI DEC 13 TALLAHAS
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  4210 5th Pl  cope corol, FL 33914	C 13 AM 9: 32 AHASSEE, FLORIDA
ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  TO Provide assisted Living to elde	eriies -
ARTICLE IV SHARES The number of shares of stock is:  1,0000	
ARTICLE V INITIAL OFFICERS/DIRECTORS The name(s), address(es) and title(s):  (1106 JOSEPH  932 SW 28th tevr  Cupe coval, FL 33914  Adminstrator	<u>S (optional)</u>
ARTICLE VI REGISTERED AGENT  The name and Florida street address of the registered age  Gina Joseph  938 Sw 88th terr.  Cape Coral, FL 33914	gent is:
ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  Solvenne Dar bouze  43075W25thct.  Cupe coval, FL33914	***********

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

Signature/Incorporator

Date

/// 24/0/
Date