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TRANSMITTAL LETTER
FILED

02 AUG -5 PM 1:25

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300006889593--4
-08/05/02--01026--005
*****87.50 *****87.50

SUBJECT: Royal Oaks Manor, 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
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: Christine M. Gibree
Name (Printed or typed)

1114 18th St S.W.
Address

Largo FL 33770
City, State & Zip

727-398-1286
Daytime Telephone number

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

1/1 8-5-02

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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:

Royal Oaks Manor, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Royal Oaks Manor, Inc.
1833 Semmelle Blvd.
Largo, FL 33770

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Assisted Living Facilities

ARTICLE IV SHARES

The number of shares of stock is:

(100) one dollar per share

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Robert W. Gibree
Christine M. Gibree

ARTICLE VI REGISTERED AGENT

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

Christine M. Gibree
1114 18th St S.W.
Largo, FL 33770

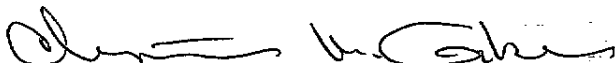
ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

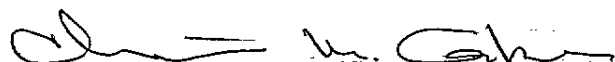
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Signature/Registered Agent


Date


Signature/Incorporator


Date