

# P02000092074

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H02000185942 8)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:  
Division of Corporations  
Fax Number : (850)205-0381

From:  
Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305)599-0839  
Fax Number : (305)716-0346

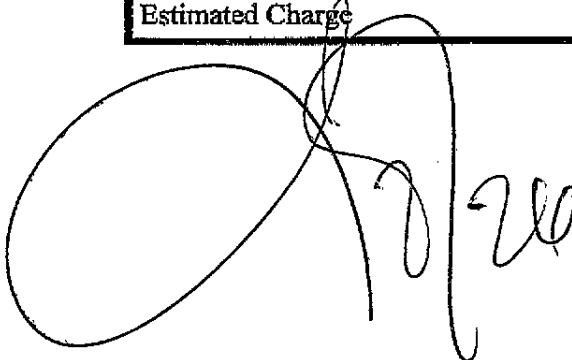
02 AUG 23 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

**FLORIDA PROFIT CORPORATION OR P.A.**

**EL DORADO RETIREMENT HOME, CORP.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75



# ARTICLES OF INCORPORATION OF

## EL DORADO RETIREMENT HOME, CORP. (name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) Competent to contract, hereby form a corporation under the laws of State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is: EL DORADO RETIREMENT HOME, CORP.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue One hundred shares (100) of five Dollar (s) (\$ 5.00 ) par value common stock, which shall be designated "Common Shares".

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and name of the at office is:

NAME	LUCILLE M. MC MURRAY				
ADDRESS	16233 NE 9 <sup>TH</sup> AVENUE				
CITY	NORTH MIAMI BEACH	STATE	FL	ZIP	33162

The principal office, if known or the mailing address of the corporation is:

NAME	LUCILLE M. MC MURRAY				
ADDRESS	16233 NE 9 <sup>TH</sup> AVENUE				
CITY	NORTH MIAMI BEACH	STATE	FL	ZIP	33162

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) director initially. The number of directors may be either increased or diminished from time to time by - laws, but shall never be less than one ).

The name and addresses of the initial director (s) of the corporation are as follows:

FILED  
 02 AUG 23 PM 4:45  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

NAME	LUCILLE M. MC MURRAY	(PRESIDENT 50%)
ADDRESS	16233 NE 9 <sup>TH</sup> AVENUE	
CITY	NORTH MIAMI BEACH	STATE FLORIDA ZIP 33162
NAME	WINIFRED CAMPBELL	(VICE-PRESIDENT 50%)
ADDRESS	20061 NW 14 <sup>TH</sup> AVENUE	
CITY	MIAMI	STATE FLORIDA ZIP 33169
NAME		
ADDRESS		
CITY		
NAME		
ADDRESS		
CITY		

## ARTICLE VII - INCORPORATORS

The name and addresses of the incorporators signing theses Articles of Incorporation are as follows :

NAME	LUCILLE M. MC MURRAY	(PRESIDENT 50%)
ADDRESS	16233 NE 9 <sup>TH</sup> AVENUE	
CITY	NORTH MIAMI BEACH	STATE FLORIDA ZIP 33162
NAME	WINIFRED CAMPBELL	(VICE-PRESIDENT 50%)
ADDRESS	20061 NW 14 <sup>TH</sup> AVENUE	
CITY	MIAMI	STATE FLORIDA ZIP 33169
NAME		
ADDRESS		
CITY		
NAME		
ADDRESS		
CITY		

IN WITNESS WHERE OF, the undersigned subscriber (s) have executed these Articles of Incorporation this 22<sup>ND</sup> day of AUGUST, 2002.

PREPARED: SOSA ACCOUNTING TAX SERVICE

570 EAST 49 STREET

HIALEAH, FL 33013

(305) 688 - 1716

(305) 688 - 1714

*L. Mc Murray* (Seal)

*Winifred Campbell* (Seal)

\_\_\_\_\_ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT  
OF**

**EL DORADO RETIREMENT HOME, CORP.**

(name of corporation)

Pursuant to Statutes Sections 48.091 and 607.0501, the following is submitted:  
The above corporation, to organize under the laws of the State of Florida with its  
registered office as indicated in the Articles of Incorporation.

AT: 16233 NE 9<sup>TH</sup> AVENUE

NORTH MIAMI BEACH, FL 33162

Has named LUCILLE M. MC MURRAY

Located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above state  
corporation at the place designated in this certificate, and being familiar with the  
obligations of that position, I hereby accept to act in this capacity, and agree to comply  
with provisions of Florida Law in keeping open said office.

*Lucille M. Murray*  
(registered agent)

FILED  
02 AUG 23 PM 4:15  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE