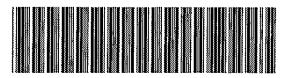
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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	7			
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TRANSMITTAL LETTER

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

SUBJECT: 18	SESON ALIZED SENJA (PROPOSED CORPORAT	or Living,	FAC.		
Б еве вет. <u></u>	(PROPOSED CORPORA)	TE NAME – <u>MUST INCL</u> I	JDE SUFFIX)		
Enclosed are 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 ADDITIONAL CO	■ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED		
FROM: PERSONALIED SENIOR LIVING, Inc., Name (Printed or typed)					
2243 The Wans DR. E.					
Jackson Wille F/ 32246 City, State & Zip					
904-220-23// Daytime Telephone number					

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: PERSON PLIZED SERVICE LIVING, FAC.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 2243 The Woods Dr. E. Dax 174 32246 ARTICLE III PURPOSE The purpose for which the corporation is organized is: SEMBR CARE ASSISTANCE	-
ARTICLE IV SHARES The number of shares of stock is: 500	
ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) The name(s), address(es) and title(s): POMELA S. PAHON Pres 2243 The WOODS DR 6 Jay, Pl 32246	-
The name and Florida street address of the registered agent is: Pawela 5 Pattan 2243 the Woods De E. Satt Fr 32246 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Pawela 5 Pattan	-
**************************************	****************************** The place designated in this capacity It for for Date 11/01/02 Date
Signature/Incorporator	(Date