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TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Heavenly Living Assisted Living Facility, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE 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

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

Marie Auguste
Name (Printed or typed)

14740 NW 6th Ct
Address

N. Miami, FL 33168
City, State & Zip

(786) 277-7905
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

Heavenly Living Assisted Living Facility, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

6613 Ficus Dr.
Miramar, FL 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Starting a new buisness

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Marie Auguste / P, VP, T, S
1470 N.W. 6th Ct
N. Miami, FL 33168

ARTICLE VI REGISTERED AGENT

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

Marie Auguste
14740 N.W. 6th Ct
N. Miami, FL 33168

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Marie Auguste
14740 N.W. 6th Ct
N. Miami, FL 33168

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

Marie Y Auguste
Signature/Registered Agent

2-10-04
Date

Marie Y Auguste
Signature/Incorporator

2-10-04
Date

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TALLAHASSEE, FLORIDA