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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

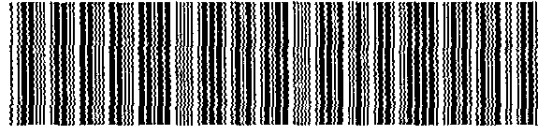
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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06/18/04--01026--005 \*\*87.50

FILED  
04 JUN 18 AM 10:51  
TALLAHASSEE, FLORIDA

TH 6/21/04

**TRANSMITTAL LETTER**

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

**SUBJECT:** Angel Guardian Assisted Living, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Roseann J Simone  
Name (Printed or typed)

124 June Drive  
Address

Cocoa Beach, FL 32931  
City, State & Zip

321-223-8371  
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)

**FILED**

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**ARTICLE I NAME**

The name of the corporation shall be:

Angel Guardian Assisted Living, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

124 June Drive  
Cocoa Beach, FL 32931

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide care to persons requiring daily living assistance.

**ARTICLE IV SHARES**

The number of shares of stock is:

100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

Roseann J. Simone, President  
124 June Drive  
Cocoa Beach, FL 32931

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Roseann J. Simone  
124 June Drive  
Cocoa Beach, FL 32931

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Ron A. D'Amico  
2455 Palm Lake Drive  
Merritt Island, FL 32952

\*\*\*\*\*  
*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*

Roseann J. Simone  
Signature/Registered Agent

6-16-04  
Date

Ron A. D'Amico  
Signature/Incorporator

6/15/04  
Date