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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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA PROFIT CORPORATION OR P.A.

BLACKBERRIES RESORT LIVING, INC.

Certificate of Status	0
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2-14-08

ARTICLES OF INCORPORATION
OF

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be: BLACKBERRIES RESORT LIVING, INC.

The principal place of business of this corporation shall be:

2615 NW 106 STREET

MIAMI, FL 33147

ARTICLE II NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory or nation. PROVIDE HOMECARE FOR THE SICK, ELDERLY, DESTITUTE ECT.

ARTICLE III CAPITAL STOCK

The aggregate number of shares of stock and its value that this corporation is authorized to have outstanding at any one time is: 50/50 par value

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

AUDREY ROWE
736 NE 167 street
miami, fl 33162

LAWRENCE ROWE
736 NE 167 STREET
MIAMI, FL 33162

ARTICLE VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to this articles of incorporation is(are):

AUDREY ROWE
736 NE 167 STREET
MIAMI, FL 33162

LAWRENCE ROWE
736 NE 167 STREET
MIAMI, FL 33162

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 9TH day of FEBRUARY, 2005

Signature(s) of Incorporator(s)

Audrey Rowe
Lawrence Rowe



Marlene Morris-Dinnell
My Commission DD838130
Expires July 08, 2008

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the corporation is: BLACKBERRIES RESORT LIVING

2. The name and address of the registered agent and office is:

AUDREY ROWE

(NAME)

736 NE 167 STREET
MIAMI, FL 33162

(P.O. BOX NOT ACCEPTABLE)

(CITY/STATE/ZIP)

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HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

SIGNATURE

Audrey Rowe

DATE

02/9/05