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| (Re | equestor's Name) | • | _ |
|-------------------------|--------------------|-------------|---|
| (Ac | ddress) | <u>.</u> | - |
| (Ac | idress) | ····· | |
| Ci | ty/State/Zip/Phone | #) | - |
| PICK-UP | WAIT | MAIL | |
| (Bi | isiness Entity Nam | e) | - |
| (Do | ocument Number) | | _ |
| Certified Coples | _ 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: Hagar | ALF Inc. | | |
|----------------------|-----------------------------------|----------------------------|---------------------------------|
| | (PROPOSED CORPORA | TE NAME – <u>MUST INCL</u> | <u>UDESUFFIX</u>) |
| | | | |
| | | | |
| Enclosed are an orig | ginal and one (1) copy of the art | icles of incorporation and | l a check for: |
| \$70.00 | ☑ \$78.75 | \$78.75 | \$87.50 |
| Filing Fee | Filing Fee | Filing Fee | Filing Fee, |
| | & Certificate of Status | & Certified Copy | Certified Copy & Certificate of |
| | | ADDITIONAL CO | Status OPY REQUIRED |
| | | | |
| FROM: HA | AGAN ALF Inc. (Sharon McIntyre |) | |
| | Name | (Printed or typed) | |
| | | | |
| | 11721 Tanager Drive | | |
| | | Address . | |
| | Jacksonville, FL 32225 | | _ |
| | City | , State & Zip | |
| | 904-382-3655 | | |
| | 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:

HAGAN ALF Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

Business Address: 3104 W 12th Street Jacksonville, FL 32254 Mailing Address: 11721 Tanager Drive, Jacksonville, FL 32225

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Assisted Living Facility

ARTICLE IV SHARES

The number of shares of stock is: 50 shares of 100 available

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Sharon E. McIntyre, 11721 Tanager Drive, Jacksonville, FL 32225 / President Vivian Clark, 1576 NE 216 Street, Lawtey, FL 32058 / Vice President

ARTICLE VI REGISTERED AGENT

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

Sharon E. McIntyre 11721 Tanager Drive Jacksonville, FL 32225

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Sharon E. McIntyre 11721 Tanager Drive Jacksonville, FL 32225

| ******************* | ********* |
|--|-----------|
| Having been named as registered agent to accept service of process for the above s certificate, I am familiar with and accept the appointment as registered agent and ag | |
| Sharon E. McIntine | 5/04/05 |
| Signature/Registered Agent | Date |
| | |

Signature/Incorporator

5/04/05

Date