

PO5000144255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

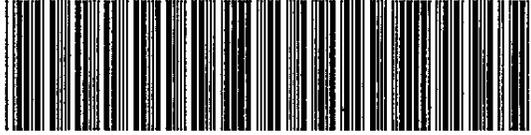
(Business Entity Name)

(Document Number)

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

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FILED STATE  
SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA  
05 OCT 21 AM 9:15

MRB  
10/25

**COVER LETTER**

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

SUBJECT: Assisted Home Living #5  
(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: JUAN RAMOS  
Name (Printed or typed)

6776 SW 64th  
Address

South Miami FLA. 33143  
City, State & Zip

305-218-0000  
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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 OCT 21 AM 9:15

**ARTICLE I NAME**

The name of the corporation shall be:

Assisted Home Living Inc. #5

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/ mailing address is:

102 SW 19 Rd.  
MIAMI FLA 33129

mailing address  
6776 SW 64 St.  
South MIAMI FL 33143

**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:

100 Shares

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

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

JUAN RAMOS  
President  
6776 SW 64 St.  
South MIAMI FL 33143

**ARTICLE VI REGISTERED AGENT**

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

JUAN RAMOS  
6776 SW 64 St.  
South MIAMI FL 33143

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

JUAN RAMOS  
6776 SW 64 St.  
South MIAMI FL 33143

\*\*\*\*\*  
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

Juan Ramos  
Signature/Registered Agent

10-19-05  
Date

Juan Ramos  
Signature/Incorporator

10-19-05  
Date