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DECIREDATOR SME

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Loving Care Living Facility 76 Bruen Street St. Augustine, FL 32084 (904) 824-6616

January 9, 2006

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

Subject:

LOVING CARE LIVING FACILITY, INC.

Enclosed is an original and one (1) copy of the articles of incorporation and a check for \$78.75 for the Filing Fee, Certified Copy, and Certificate.

Sincerely,

Thomas J. Jackson, Jr.

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

Article I. Name

The name of the corporation shall be:

LOVING CARE LIVING FACILITY, INC.

Article II. Principal Office

The principal place of business and mailing address of this corporation shall be:

76 Bruen Street St. Augustine, Florida 32084

Article III, Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 Shares of Common Stock

Article IV. Initial Registered Agent and Street Address

The name and address of the initial registered agent is:

Barbara P. Jackson 76 Bruen Street St. Augustine, Florida 32084

Having been named as the registered agent and to accept service of process for the above stated corporation at the place designated above, 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.

Barbara P. Garlson

Articles of Incorporation LOVING CARE LIVING FACILITY, INC. Page 2

Article V. Incorporators

The names and addresses of the incorporators to these Articles of Incorporation are:

Thomas J. Jackson, Jr. 917 Chippewa St.

St. Augustine, FL 32086

Barbara P. Jackson 917 Chippewa St..

St. Augustine, FL 32086

The undersigned incorporators have executed these Articles of Incorporation this 9th day of January, 2006.

Barbara P Outron

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

FILED
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DECLIETARY OF STATE TALLAHASSEE, FLORIDA

PURSUANT TO THE PROVISIONS OF SECTION 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:

LOVING CARE LIVING FACILITY, INC.

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

Barbara P. Jackson 76 Bruen St. St. Augustine, Florida 32084

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.

Barbara P Garlson