P060000035185

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SECRETAIN C STATE
TALL AHASSEE FLORIDA

COVER LETTER

SUBJECT: M.M. LG, INC., (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

sed is an original a	and one(1) copy of the Art	icles 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
		ADDITIONAL CO	PY REQUIRED
FROM:	Martha Lewis	Printed or typed)	_
FROM:	Name (I	Printed or typed) Mar AUTHORI	The Lewis GA
FROM:	Name (I	AUTHORIE CORRECT	ATTON BY PHONE TO

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

(904) 743-0457 or (904) 743-0010



February 24, 2006

MARTHA MABEL LEWIST 7226 VELVET OAKS CT JACKSONVILLE, FL 32277

SUBJECT: M.M. L. INC.

Ref. Number: W06000009433

We have received your document for M.M. L, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6962.

Valerie Herring Document Specialist New Filing Section

Letter Number: 606A00013345

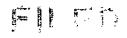
ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

M.M. LG, INC.



06 MAR -8 AM 8: 55

SECRETARY OF STATE TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7226 VELVET OAKS CT JACKSONVILLE, FLORIDA 32277

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

tO PROVIDE A HEALTH CARE CENTER FOR THE ERDERLY AND DISABLE CLIENTS ON MEDICAID, MEDICARE AND CLIENTS IN LOW INCOME AREARS

ARTICLE IV SHARES

The number of shares of stock is: 50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

T-ASIA ALEXIOUS GIBBS, PRESIDENT MARTHA LEWIS, VICE PRESIDENT THOMAS A GIBBS, TREASURY SHIRLEY HAYWARD, SEC. 7226 VELVET OAKS COURT JACKSONVILLE, FLORIDA, 32277

ARTICLE VI REGISTERED AGENT

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

mable Gibbs 7226 VELVET OAKS CT JACKSONVILLE, FLORIDA, 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Martha Lewis 7226 VELVET OAKS

JACKSONVILLE, FLORIDA, 32277

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.

Signature/Registered Agent

Signature/Incorporator

3/28/06 Date