

PD6000020142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

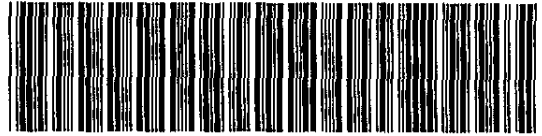
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06 APR - 3 PM 3:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# TRANSMITTAL LETTER

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

SUBJECT: AMBRAY AND LABAYNE Corp.  
(Proposed corporate name - must include suffix)

Enclosed is 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

FROM: ROEL AMBRAY  
Name (Printed or typed)

1054 MAYFAIR ST.  
Address

ORLANDO, FLORIDA 32726  
City, State & Zip

352 - 357 - 4001  
Daytime Telephone number

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

AMBRAY AND LABAYNE CORP.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

1054 MAYFAIR ST.  
EUSTIS, FL. 32726

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO ENGAGE IN THE BUSINESS OF ASSISTED LIVING FACILITY  
AND ADULT DAY CARE.

**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):

PRES. - RHEA AMBRAY - 25% - 25 SHARES  
VICE PRES. - JOSEFINA LABAYNE - 25% - 25 SHARES  
SEC - RENATO LABAYNE - 25% - 25 SHARES  
TREAS - ROEL AMBRAY - 25% - 25 SHARES

**ARTICLE VI REGISTERED AGENT**

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

ROEL AMBRAY  
1054 MAYFAIR ST.  
EUSTIS, FL. 32726

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

ROEL AMBRAY  
1054 MAYFAIR ST.  
EUSTIS, FL. 32726

\*\*\*\*\*

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

ROEL AMBRAY  
Signature/Registered Agent

3/30/02  
Date

ROEL O. AMBRAY  
Signature/Incorporator

3/30/02  
Date

## ARTICLES OF INCORPORATION

AMBRAY AND LABAYNE CORP.

THE UNDERSIGNED SUBSCRIBES TO THESE ARTICLES OF INCORPORATION, NATURAL PERSONS COMPETENT TO CONTRACT HEREBY FOR A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA.

### NATURE OF BUSINESS

THE NATURE OF BUSINESS TO BE TRANSACTED BY THIS CORPORATION ARE: 1. TO ENGAGE IN THE BUSINESS OF ASSISTED LIVING FACILITY AND ADULT DAY CARE.  
2. TO CARRY ON ANY OTHER BUSINESS PERMITTED UNDER THE LAWS OF UNITED STATES AND STATE OF FLORIDA

### INITIAL CAPITAL

THE AMOUNT OF CAPITAL WHICH THIS CORPORATION WILL BEGIN BUSINESS IS \$1000-, ONE THOUSAND DOLLARS.

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