

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0381

From: Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

Amberbay Assisted Care Services INC

Certificate of Status	0
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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:

AMBERBAY ASSISTED CARE SERVICES INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address is:

2690 DREW ST APT 125

CLEARWATER, FL 33759

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,500 COMMON SHARES PAR VALUE \$0.01

ARTICLE V INITIAL OFFICERS / DIRECTORS

The name(s), address(es), and title(s) of the directors and officers is/are:

DIRECTOR :

CHRYSTAL SHANNON

2690 DREW ST APT 125

CLEARWATER, FL 33759

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PAGE 2 AMBERBAY ASSISTED CARE SERVICES INC

DIRECTOR :

LISA DISHMON

2690 DREW ST APT 125

CLEARWATER, FL 33759

DIRECTOR :

CHRISTINE M. SHANNON

2690 DREW ST APT 125

CLEARWATER, FL 33759

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

A1A REGISTERED AGENT INC.

92 SADBERRY ROAD

QUINCY FL 32351

ARTICLE VII INCORPORATOR

The name and Florida street address of the incorporator is:

CHRYSTAL SHANNON

2690 DREW ST APT 125

CLEARWATER, FL 33759

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Having been named as registered agent to accept service of process for the above 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.

Paul Smith Paul Smith V.P.
Signature, Registered Agent

09/27/2006

DATE

Chrystal Shannon
CHRYSTAL SHANNON/ INCORPORATOR

9/27/06
DATE

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