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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Caricias Assisted, Inc.

(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:** Ariel Diaz

Name (Printed or typed)

8016 Dell Drive

Address

Tampa, FL 33615

City, State & Zip

(813) 610-8839

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)

### ARTICLE I NAME

The name of the corporation shall be:

Caricias Assisted, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8016 Dell Drive  
Tampa, FL 33615

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

An Assisted Living Facility to care for our elderly.

### ARTICLE IV SHARES

The number of shares of stock is:

50 Ariel Diaz  
50 Yudith Marante

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Ariel Diaz (President)  
Yudith Marante (Vice-President)  
8016 Dell Drive  
Tampa, FL 33615

### ARTICLE VI REGISTERED AGENT

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

Ariel Diaz  
8016 Dell Drive  
Tampa, FL 33615

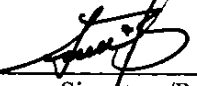
### ARTICLE VII INCORPORATOR

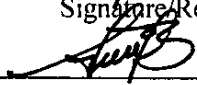
The name and address of the Incorporator is:

Ariel Diaz  
8016 Dell Drive  
Tampa, FL 33615

\*\*\*\*\*

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

 Ariel Diaz  
\_\_\_\_\_  
Signature/Incorporator

10/23/2006  
\_\_\_\_\_  
Date

10/23/2006  
\_\_\_\_\_  
Date

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06 OCT 26 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA