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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0381

From:

Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FLORIDA PROFIT/NON PROFIT CORPORATION

GRANNING HOUSE ASSISTED LIVING FACILITY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$78.75

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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: GRANNING HOUSE ASSISTED LIVING FACILITY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business of this corporation shall be:

10431 Granning Lane
New Port Richey, FL 34654

ARTICLE III SHARES

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

One-Thousand (1,000) Shares
Common Stock

ARTICLE IV INITIAL REGISTERED AGENT

The name and Florida street address of the initial registered agent are:

Terry Ward-Del Grande
10431 Granning Lane
New Port Richey, FL 34654

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Terry Ward-Del Grande
10431 Granning Lane
New Port Richey, FL 34654

ARTICLE VI OFFICERS

The officers of the corporation are:

Terry Ward-Del Grande - Secretary, Treasurer
Michele Del Grande - President

ARTICLE VII DIRECTORS

The directors of the corporation are:

Terry Ward-Del Grande - Director
Michele Del Grande - Director



Signature/Incorporator

11/2/06

Date

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.



Signature/Registered Agent

11/2/06

Date

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06 NOV -2 AM 10:17
CLERK OF STATE
TALLAHASSEE, FLORIDA