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CORRECCEDENCE PARTATE

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CORPORATION NAME(S) & DOCUMENT	NUMBER(S), (if known):
FOREST VIEW SENIO	-
(Corporation Name)	(Document #)
2.	
(Corporation Name)	(Document #)
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NEW FILINGSA	<u>MENDMENTS</u>
Profit	Amendment
Not for Profit	Resignation of R.A., Officer/Director
Limited Liability Domestication	Change of Registered Agent Dissolution/Withdrawal
Other	Merger
OTTER FILINGS R	EGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership
· · · · · · · · · · · · · · · · · · ·	Reinstatement
·	Trademark
· ·	Other
CR2E031(7/97)	Examiner's Initials

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under Florida Business Corporation Act, Hereby adopt(s) the following Articles of incorporation.

ARTICLE I- NAME

The name of the Corporation shall be:

FOREST VIEW SENIOR CARE, INC

ARTICLE II- PRINCIPAL OFFICE

The Principal place of business and mailing of this corporation shall be:

403 NW 136 PL MIAMI, FL 33182



ARTICLE III- SHARES

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

100

ARTICLES IV- INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANA ALFONSO 403 NW 136 PL MIAMI, FL 33182

ARTICLE V-INCORPORATOR

The name and street address of the incorporator to these Articles of incorporation

is:

Ana Alfonso 403 NW 136 PL Miami, FL 33182

The Undersigned incorporator has executed these Articles of incorporation this

Day

Month

Year

Signature

ARTICLE VI DIRECTORS (S)

The name(s) and Street address (es) of the director(s) to these Articles of incorporation is (are);

President

Vice President

Ana Alfonso 403 NW 136 PL Miami, FL 33182 N/A

8 13 2: 4:

<u>CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE</u>.

Having been named as Registered Agent and to accept service of process for the above stated Corporation at 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 related to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as Registered Agent.

Registered Agent Signature