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DEPARTURE CORPORATIONS
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LAZARUS CORPORATE FILING SERVICE

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CORPORATION NAME(S) & DOCUME	NT NUMBER(S), (if known):	
1. CORAL WAY SENIC	OR CARE, FNC.	
(Corporation Name)	(Document #)	
2		
(Corporation Name)	(Document #)	•
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4. (Corporation Name)	(Document #)	
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NEW FILINGS Profit Not for Profit Limited Liability Domestication Other	AMENDMENTS Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger	ED
OTHER FILINGS	REGISTRATION/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:

Coral way Senior Care, INC.

ARTICLE II- PRINCIPAL OFFICE

The Principal place of business and mailing of this corporation shall be: 24515W143CT

Miami, FL 33175

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 2451 SW 143 CT Miami, FL 33175

ARTICLE V-INCORPORATOR

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

Ana AlFonso 2451 SW 143 CT MIAMI, FL 33175

The Undersigned incorporator has executed these Articles of incorporation this $\frac{2\sqrt{2-0.3}-0.7}{\text{Day}}$ Month Year

ARTICLE VI DIRECTORS (S)

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

President

is:

Ana AlFonso P 2451 5W 143 CT Miami, F2 33175



CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE.

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.