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Florida Department of State
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FLORIDA PROFIT/NON PROFIT CORPORATION

SARLETTOHOUSE ALF INC.

Certificate of Status	1
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ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SARLETTOHOUSE ALF INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

SARLETTOHOUSE ALF INC.

**2989 Sarletto Street
North Port, FL 34287**

ARTICLE III SHARES

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

1,500 Shares at No Par Value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Slavica Stojanovic
2989 Sarletto Street
North Port, FL 34287**

Prepared By:
Bruce B. Hubbard
77 East John St.
Hicksville, New York 11801
1-516-935-3940

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ARTICLES V INITIAL OFFICER(S)/DIRECTOR(S)

The name(s) and street address(es) and title(s) to these Articles of Incorporation is(are):

Slavica Stojanovic - President/Director
2989 Sarletto Street
North Port, FL 34287

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ARTICLES VI INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Slavica Stojanovic
2989 Sarletto Street
North Port, FL 34287

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

12th day of April 2007.


Slavica Stojanovic, Signature

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE
UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF
FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN THE DESIGNATING THE
REGISTERED OFFICE/AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **SARLETTHOUSE ALF INC.**

2. The name and address of the registered agent and office is:

Slavica Stojanovic

Name

2989 Sarletto Street


(P.O. Box or Mail Drop Box NOT Acceptable)

North Port, FL 34287

(City / State / Zip)

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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 the statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.


Slavica Stojanovic
SIGNATURE

April 12, 2007

(Date)