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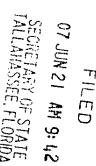
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Duninger Entity Name)				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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COVER LETTER

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

SUBJECT: M &	P REJUVENATION LIV	ING, INC.		
	(PROPOSED CORPORA	TE NAME – MUST INCL	UDE SUFFIX)	
	,			
Enclosed are an orig	ginal and one (1) copy of the artic	cles 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 o	
	•	ADDITIONAL CO	Status PPY REQUIRED	
FROM: P	ROSPER ULYSSE			
Name (Printed or typed)				
	7181 NW 20TH ST			
		Address		
	SUNRISE, FL 33313			
•	City,	State & Zip		
	954- 553 1864		, 	
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:

M & P REJUVENATE LIVING, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

7181 NW 20TH ST SUNRISE, FL 33313

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO BE ENGAGED IN, BUT NOT LIMITED TO: " ASSISTED LIVING " BUSINESS AS PERMITED UNDER THE LAWS OF UNITED STATES AND THE STATE OF FLORIDA.

ARTICLE IV SHARES

The number of shares of stock is:

ONE THOUSAND (1,000) SHARES OF COMMON STOCK, HAVING A PAR VALUE OF ONE (\$1.00) DOLLAR PER SHARE.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARIE S. ULYSSE,

PRESIDENT/ADMINISTRATOR

PROSPER ULYSSE.

DIRECTOR

7181 NW 20TH ST SUNRISE, FL 33313

JENNIFER ULYSSE.

OFFICER

ARTICLE VI REGISTERED AGENT

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

MARIE S. ULYSSE

7181 NW 20TH ST SUNRISE, FL 33313

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PROSPER ULYSSE

7181 NW 20TH ST SUNRISE, FL 33313

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

ignature/Registered Agent

Signature/Incorporator

Date:

Date