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| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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07/09/07---01014---001 **78.75

2001 JUL -9 PM 2: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers JUL 0 9 Refl.

COVER LETTER

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

| SUBJECT: Betty's House Adult Living Facility, Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) | | | | | | |
|--|--|---|--|-----------------|-------------|--|
| Enclosed are an orig | sinal and one (1) copy of the artic | | | | | |
| \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | S78.75 Filing Fee & Certified Copy ADDITIONAL CO | \$87.50 Filing Fee, Certified Copy & Certificate of Status | SECRE TALLAH | 2007 JUL -9 | |
| FROM: | | nsulting Firm (Printed or typed) | | ASSEE, FI | H-9 PM | |
| | 4699 North SR7, Suite Z | | F STATE FLORIDA | 1 2: 20 | | |
| - | Tamarac, | FL 33319 State & Zip | | | | |
| | | or 954-309-428 | 0 Cell | | | |

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:

Betty's House Adult Living Facility, Inc.

PRINCIPAL OFFICE ARTICLE II

The principal place of business/mailing address is:

867 N.E. 145 Street

North Miami, FL 33161

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is:

Adult housing facility.

ARTICLE IV SHARES

The number of shares of stock is:

1000 shares Common Stock.

INITIAL OFFICERS AND/OR DIRECTORS

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

Betty Ford - P/T/D

867 NE 145 Street, North Miami, FL 33161

Vivian E. Kemp - VP/ S/ D

1631 NW 38th Avenue, Lauderhill, FL

ARTICLE VI REGISTERED AGENT

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

Vivian E. Kemp

1631 NW 38th Avenue

Lauderhill, FL 33311

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Betty Ford

867 NE 145 Street

North Miami, FL 33161

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

Signature/Registered Agen

gnature/Incorporator