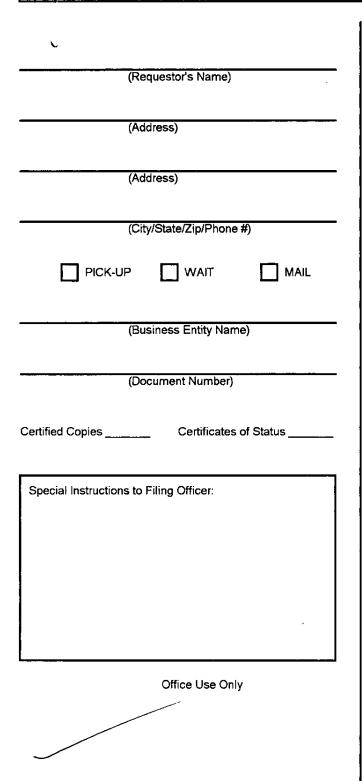
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SECINETARY OF STATE

T. Burch JUL I O ZUU!

COVER LETTER

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 Enclosed are an original and one (1) copy of the articles of incorporation and a check for: \$70.00 \$78.75 \$87.50 Filing Fee Filing Fee Filing Fee Filing Fee, & Certificate of Status & Certified Copy Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED

NOTE: Please provide the original and one copy of the articles.

| ARTICLES OF INCORPORATION | FILEU |
|---|--|
| • In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit) | 2007 JUL 16 PM 4: 03 |
| ARTICLE I NAME | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| The name of the corporation shall be: | IMPERIORA |
| .HAZEL'S Kingdom Inc. | |
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: 18514 5.00 90 ct, Miami FL 3315 | 1 |
| ARTICLE III PURPOSE The purpose for which the corporation is organized is: A FAMILY Adult CARE Facility | |
| ARTICLE IV SHARES The number of shares of stock is: | |
| 1 | |
| ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): | |
| DiRector: - LORNA Brown | |
| . | |
| ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the regis | tered agent is: |
| LOUNG BROWN | |
| 18514 5.W. 90 Ct, Miami FL, | 33157 |
| ARTICLE VII INCORPORATOR The name and address of the Incorporator is: | |
| LORNA BROWN | |
| 18514 S.W. 90 Ct, Miami, FL 33 | 3157 |
| 18514 5.0, 90 0, 1 100 11 | ********* |
| Having been named as registered agent to accept service of process for the above stated corcertificate, Lam familiar with and accept the appointment as registered agent and agree to act | |
| Signature/Registered Agent | 7-10-07 Date |
| Signature/Incorporator | $\frac{7-0-07}{\text{Date}}$ |
| Co-Grander and Co-Postator | , , |