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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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08 APR 23 PH 4: 16

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TILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

08 APR 23 PM 4:16

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

SUBJECT: Premiere Assisted Living of Tampa Bay, Inc.								
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:								
S70.00 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 PY REQUIRED					
FROM: Lavel Dumont Name (Printed or typed) 20735 Great Lawel Ave. Address								
Tampa, F 33647 City. State & Zip								
813 468-8084 Dayling Telephone number								

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

08 APR 23 PM 4:16

ARTICLE I	NAME
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Premiere Assisted Living of Tampa Bay, Inc. The name of the corporation shall be:

PRINCIPAL OFFICE

The principal street address and mailing address, if different is: 20735 Great Laurel Ave. Tampa, F1, 33647

The purpose for which the corporation is organized is: Premiere Assisted Living, Inc. is organized to provide assisted living to adults with developmental disorders. Assistance is provided with counseling, housing, and employment placement and training. The number of shares of stock is: | D |

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(cs) and specific title(s):

Lavel Dumont (Director): 20735 Great Laurel Ave. Tampa, F1.33647 Shanta Dumont (Director) 20135 Great Laurel Ave, Tampa, F1.33647

REGISTERED AGENT

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

Lavel Dumont 20735 Great Laurel Ave. Tampa, Fl. 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

I amal N

Lavel Dumont	00135 Great	- Laurel Ave.	Tampa, Fl-	33647
*******	*******	*****	******	********
Having been named as registered age certificate. I am familiar with and acce	ent to accept service of pro ept the appointment as regi	ocess for the above stat stered agent and agree	ed corporation at the to act in this capacity	place designated in thi
Lairel	Dumont		4/21/0	<u>8</u>
Signature/Regis	stered Agent		Dat	е
Lavel &	Tumont		<u>4/21/0</u>	8
Signature/Inco	orporator		Dat	te