# 188800046815

(Re	questor's Name)		
. (Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



400128800074

05/08/08--01032--013 \*\*78.75

SECRITARY OF STATE

TO ACKYOWLEDGE SUFFICIENCY OF FILIN NE UE IVED

DEPARTMENT OF STATE

OLVISION OF CORPORATION

CORPORATION(S) NAME

Acknowledgment

W.P. Varifier

Mami	Lakes Assisted	Living Facility, Inc
		· · · · · · · · · · · · · · · · · · ·
Profit ) NonProfit	( ) Amendment	( ) Merger
( ) Foreign	( ) Dissolution	( ) Mark
( ) Limited Partnership ( ) Reinstatement	( ) Annual Report ( ) Reservation	( ) Other ( ) Change of Registered Agent
Gertifled Copy M. Willel	( ) Photo Copies	( ) Certificate Under Seal
( ) Call When Ready	( ) Call If Problem Will Wait	( ) After 4:30 ( ) Mall Out
Name		
Document Exeminer		
Updater		

## ARTICLES OF INCORPORATION

OF

### MIAMI LAKES ASSISTED LIVING FACILITY, INC.

NC. SEE. FLORIDS

We, the undersigned, natural persons competent to contract, herby associate ourselves together in order to form a corporation for purposes hereinafter stated, under and pursuant to the provisions of an act of the legislature of the State of Florida, approved June 1, 1925, and the acts amendatory thereto, do hereby subscribe the Certificate of Incorporation.

### **ARTICLE I**

### NAME

The name of the corporation is: MIAMI LAKES ASSISTED LIVING FACILITY, INC.

# ARTICLE II

### **PURPOSE**

The Corporation is organized for the purpose of transacting any or all lawful business for corporations organized under the General Corporation Act of the State of Florida.

# ARTICLE III COMMENCEMENT

The Corporation shall commence and be effective upon filing with the Secretary of State, State of Florida.

This Document Prepared by: Michael A. Farbarik, Esquire 4320 West Broward Blvd., Suite 5 Plantation, FL 33317-3756 Florida Bar Number - 949167

# ARTICLE IV CAPITAL STOCK

The aggregate number of shares which the Corporation shall have the authority to issue is one thousand (1,000) shares of Common Stock at the par value of \$ 1.00 per share. The amount of capital with which the Corporation shall begin business shall be not less then Two Hundred Dollars and no 00/100 (\$200.00).

# ARTICLE V TERMS OF EXISTENCE

The Corporation shall have perpetual existence.

# ARTICLE VI LOCATION

The Street, Address, City, County, and State in which the principal offices of the corporation are to be located at, 8004 N.W. 154th Street, Suite 224, Miami Dade County, Florida 33016. The Board of Directors may from time to time designate such other address and place for the principal office of this Corporation as it may see fit.

# ARTICLE VII INITIAL BOARD OF DIRECTORS

The Corporation shall have two (2) directors initially. The number of directors may be either increased or decreased from time to time as provided in the by-laws of the Corporation, but shall never be less than one (1). The names and addresses of the initial directors of the Corporation are:

**NAME** 

**ADDRESS** 

Francesco Villalba

8004 N.W. 154th Street, Suite 224, Miami Lakes, FL 33016

Belkis Villalba

8004 N.W. 154th Street, Suite 224, Miami Lakes, FL 33016

# ARTICLE VIII INCORPORATOR

The name and address of the person signing these Articles of Incorporation is:

Francesco Villalba 8004 N.W. 154th Street, Suite 224, Miami Lakes, FL 33016

IN WITNESS WHEREOF, the undersigned Incorporator has executed these Articles of Incorporation this 6th day of May, 2008.

Francesco Villalba – Incorporator

# STATE OF FLORIDA COUNTY OF BROWARD

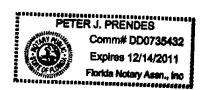
BEFORE ME, the undersigned authority, personally appeared Francesco Villalba, known to me and by me to be the person who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the state and county aforesaid, this 6th day of May, 2008.

NOTARY (PUBLIC - Peter J. Prendes

Comm # DD274882

My Commission Expires:



# CERTIFCATE DESIGNATING THE ADDRESS AND AN AGENT UPON WHOM PROCESS BE SERVED

# 

### WITNESSETH

In pursuance of SS48.091(01) and 607.034, Florida Statutes, the following is submitted in compliance thereof:

The MIAMI LAKES ASSISTED LIVING FACILITY, INC., desiring to organize under the laws of the State of Florida, which will have its principal office at 8004 N.W. 154th Street, Suite 224, Miami Dade County, Florida 33016, has named Francesco Villalba whose address is 8004 N.W. 154th Street, Suite 224, Miami Dade County, Florida 33016, as its agent to accept service of process within the state.

### <u>ACKNOWLEDGEMENT</u>

Having been named by the incorporator of MIAMI LAKES ASSISTED LIVING FACILITY, INC., to accept service of process for the Corporation, at the place designated in this certificate, I hereby agree to serve as the Registered Agent for the Corporation (until the Corporation designates otherwise), and agree to comply with the applicable provisions of the Florida Statutes. I hereby am familiar with and accept the duties and responsibilities of the registered agent of said corporation.

Date this 6th day of May, 2008.

Francesco Villalba – Registered Agent