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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JUN 10 2008

## COVER LETTER

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

**SUBJECT:** Arbor Cove ALF of Florida, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles 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 of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: JONATHAN M. DUAZO

Name (Printed or typed)

849 WOOD BRIAR LOOP

Address

SANFORD, FL 32771

City, State & Zip

407 322-8226

Daytime Telephone number

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**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:

Arbor Cove ALF of Florida, Inc.

### **ARTICLE II      PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

(Street) 305 North Hiawassee Road  
Orlando, FL 32835

(Mailing) 849 Wood Briar Loop  
Sanford, FL 32771

### **ARTICLE III      PURPOSE**

The purpose for which the corporation is organized is:

Provide Assisted Living Facility Services

### **ARTICLE IV      SHARES**

The number of shares of stock is:

1000

### **ARTICLE V      INITIAL OFFICERS AND/OR DIRECTORS**

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

Elizabeth P. Duazo - President & Secretary  
849 Wood Briar Loop  
Sanford, FL 32771

Jonathan M. Duazo - Vice-President & Treasurer  
849 Wood Briar Loop  
Sanford, FL 32771

### **ARTICLE VI      REGISTERED AGENT**

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

Jonathan M. Duazo  
849 Wood Briar Loop  
Sanford, FL 32771

### **ARTICLE VII      INCORPORATOR**

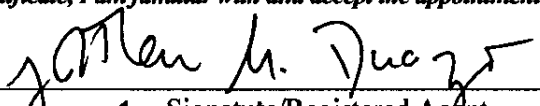
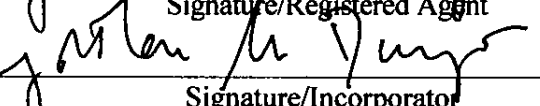
The name and address of the Incorporator is:

Jonathan M. Duazo  
849 Wood Briar Loop  
Sanford, FL 32771

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TALLAHASSEE, FLORIDA

\*\*\*\*\*

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 Agent  
  
\_\_\_\_\_  
Signature/Incorporator

June 6, 2008  
\_\_\_\_\_  
Date  
June 6, 2008  
\_\_\_\_\_  
Date