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To:

Division of Corporations

Fax Number : (850)617-6381

From:

: YOUR CAPITAL CONNECTION, INC. Account Name

Account Number : 120000000257 : (850)224-8870 Phone Fax Number

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## FLORIDA PROFIT/NON PROFIT CORPORATION

Frank Johnson's Independent Care Home, Inc.

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1/16/2009

# ARTICLES OF INCORPORATION OF

# Frank Johnson's Independent Care Home, Inc.

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

#### ARTICLE I: NAME

The name of the corporation is Frank Johnson's Independent Care Home, Inc.

## ARTICLE II: PRINCIPAL OFFICE

The principal place of business and mailing address of the corporation is 3056 El Camino Real, West Palm Beach, FL 33409.

### ARTICLE III: CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is one hundred (100) shares having a par value of (\$10.00) per share.

### ARTICLE IV: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is B. Douglas MacGibbon, Esquire, 1665 Palm Beach Lakes Blvd., Suite 610, West Palm Beach, FL 33401.

#### ARTICLE V: OFFICERS & DIRECTORS

The name and address of the initial Officer and Director of the corporation is: Francena J. Mitchell, President, 3056 El Camino Real, West Palm Beach, FL 33409.

#### ARTICLE VI: INCORPORATOR

The name and address of the incorporator of these Articles of Incorporation is Your Capital Connection, Inc., 417 E. Virginia St., Suite 1, Tallahassee, FL. 32301.

The undersigned has executed these Articles of Incorporation this 13 th day of January 2009.

"Your Capital Connection, Inc. by, Christina L. Fields, Client Representative"

#### CERTIFICATE OF DESIGNATION

#### REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating

the registered office/registered agent	t, in the state of Florida.			
1. The name of the corporation is:	Frank Johnson's	Independent	Care Home,	<u>I</u> nc
	·	,		
O The same and the same address of the				
2. The name and street address of th	e registered agent and or: - Douglas MacGibbo			
	365 Palm Beach Take		ite 610	<del></del> -

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

West Palm Beach, FL 33401

B. Douglas MacGibbon

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