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COVER LETTER

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

SUBJECT: FLORI	DA HOME CARE ALF INC (PROPOSED CORPOR	ATE NAME – <u>MUST INCL</u>	JUDE SUFFIX)
Enclosed are an original	ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status		\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	CARLOS A. PUJOL Name	(Printed or typed)	
	2931 NW 106TH STREET	Address	
	MIAMI, FLORIDA 33147	/, State & Zip	
	305-608-0706 Daytime	Telephone number	···

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:

FLORIDA HOME CARE ALF INC

ARTICLE II PRINCIPAL OFFICE

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

2931 NW 106TH STREET MIAMI, FLORIDA 33147

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **ELDERLY LIVING FACILITY**

ARTICLE IV SHARES

The number of shares of stock is: 100 SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

CARLOS A. PUJOL

2931 NW 106TH STREET MIAMI, FLORIDA 33147

PRES.

ALINA PUJOL 2931 NW 106TH STREET

MIAMI, FLORIDA 33147

VICE PRES. MIRIAM PUJOL

TREASURER

2931 NW 106TH STREET MIAMI, FLORIDA 33147

ARTICLE VI REGISTERED AGENT

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

CARLOS A. PUJOL 2931 NW 106TH STREET MIAMI, FLORIDA 33147

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: CARLOS A. PUJOL 2931 NW 106TH STREET MIAMI, FLORIDA 33147

****************	**********
Having been named as registered agent to accept service of process for certificate, I am familiar with and accept the appointment as registered age	
Ca) G-Cry	04/10/09
Signature/Registered Agent	Date
(a) G. Key	04/10/09
Signature/Incorporator	Date