Florida Department of State

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Division of Corporations

Fax Number : (850) 617-6381

: LAZARUS CORPORATE FILING SERVICE, INC. Account Name

Account Number : 120000000019 : (305)552-5973 Phone Fax Number : (305)220-1440

FLORIDA PROFIT/NON PROFIT CORPORATION

MILLERDRIVE & GALLOWAY FAMILY HOME INC

Certificate of Status	<u>o</u>
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Help

T. Buren MAY 15 2009

FAX NO. :3052201440

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ARTICLES OF INCORPORATION

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA BUSINESS CORPORATION ACT, HEREBY ADOPT(S) THE FOLLOWING ARTICLES OF INCORPORATION.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I - NAME

THE NAME OF THE CORPORATION SHALL BE:

MILLER DRIVE & GAlloway Family Home INC

ARTICLE II - PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS AND MAILING OF THIS CORPORATION SHALL BE:

5920 SW 83 AVE MIAMI, FL 33143

ARTICLE III - SHARES

THE NUMBER OF SHARES OF STOCK THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

100

ARTICLE IV - INITIAL REGISTERED AGENT AND STREET ADDRESS
THE NAME AND ADDRESS OF THE INITIAL REGISTERED AGENT IS

FAUSTINO FERNANDEZ 5920 SIN 83 AVE MILAMI FL 33143

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May. 14 2009 10:25AM P3 ____

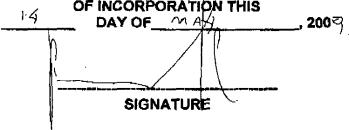
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ARTICLE V - INCORPORATOR

THE NAME AND STREET ADDRESS OF THE INCORPORATOR TO THESE ARTICLES OF INCORPORATION IS:

FAUSTINO FERNANDEZ 5920 SW 83 AVE MIAMI EL 33143

THE UNDERSIGNED INCORPORATOR HAS EXECUTED THESE ARTICLES
OF INCORPORATION THIS



ARTICLE VI - DIRECTOR(S)

THE NAME(S) AND STREET ADDRESS (ES) OF THE DIRECTOR(S) TO THESE ARTICLES OF INCORPORATION IS (ARE):

FAUSTINO FERNANCEZ - (President)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT 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 RELATED TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

REGISTERED AGENT SIGNATURE

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SECRETARY OF STATE