Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

: (850)617-6381

From:

Account Name

: CSH SERVICES, LLC

Account Number : I20070000160 Phone

(800)494-3124

Fax Number

· : (561)455-9885

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

FLORIDA PROFIT/NON PROFIT CORPORATIO

HEAVENLY ASSISTED LIVING INC.

A The Secretary Secretarian Secretarian Security (Sec. 1)	<u> </u>
Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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:

HEAVENLY ASSISTED LIVING INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6025 N US HIGHWAY 1

FORT PIERCE, FLORIDA 34946

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to engage in any activity or business permitted under the laws of the State of Florida.

ARTICLE IV SHARES

The number of shares of stock is:

1,000 COMMON SHARES PAR VALUE \$1.00

ARTICLE V INITIAL OFFICERS / DIRECTORS (optional)

The name(s), address(es), and title(s) of the directors and officers is:

PRESIDENT

BOBBY HOPKINS

6025 N US HIGHWAY 1

FORT PIERCE, FLORIDA 34946

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

BOBBY HOPKINS 6025 N US HIGHWAY 1 FORT PIERCE, FLORIDA 34946



ARTICLE VII INCORPORATOR

The name and street address of the incorporator is:

BOBBY HOPKINS 6025 N US HIGHWAY 1 FORT PIERCE, FLORIDA 34946

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.

BOBBY HOPKINS / Registered Agent

Date

BOBBY HOPKINS / Incorporator

Date