

P10000088962

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

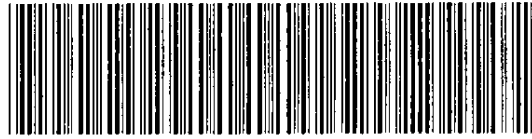
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800186666878

10/27/10--01023--015 **78.75

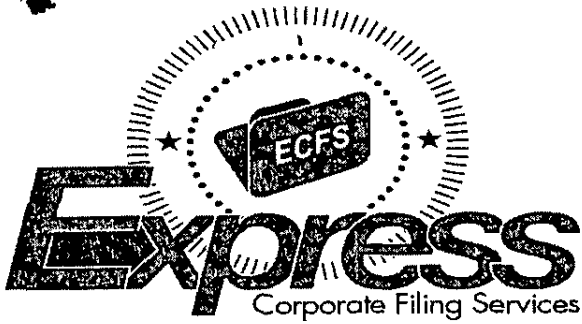
Effective Date

01-01-11

RECEIVED
10 OCT 27 AM 10:57
DEPT. OF STATE
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DIVISION OF CORPORATIONS

10 NOV -2 AM 8:12

WI-50472



1000 Ponce De Leon Blvd - Suite 101
 Coral Gables, FL 33134
 Tel: 305-444-4994 - Fax: 305-444-4977
 Email: filing@ecfsfiling.com

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Quail Roost Adult Day Care, INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time _____
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input checked="" type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|----------------------------------------|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|--------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input type="checkbox"/> | Other |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

October 27, 2010

EXPRESS CORPORATE FILING SERVICES

SUBJECT: QUAIL ROOST ADULT DAY CARE, INC.
Ref. Number: W10000050472

We have received your document for QUAIL ROOST ADULT DAY CARE, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your document is being returned as requested.

An effective date may be added to the Articles of Incorporation if a 2011 date is needed, otherwise the date of receipt will be the file date. A separate article must be added to the Articles of Incorporation for the effective date.

If you have any further questions concerning your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 510A00025371

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:

MJW IMPORT & EXPORT, INC.
EFFECTIVE JAN. 01, 2011

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

978 NE 42 TERR.
HOMESTEAD, FL 33033

Effective Date

01-01-11

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

SHARES: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MICHAEL J. WASHINGTON KENDALL (P/D)
978 NE 42 TERR.
HOMESTEAD, FL 33033

ARTICLE VI REGISTERED AGENT

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

MICHAEL J. WASHINGTON KENDALL
978 NE 42 TERR.
HOMESTEAD, FL 33033

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MICHAEL J. WASHINGTON KENDALL
978 NE 42 TERR.
HOMESTEAD, FL 33033

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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

OCT. 29, 2010

Date



Signature/Incorporator

OCT. 29, 2010

Date