1211000013157

(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



600193003536

02/07/11--01016--016 **78.75

SECRETARY OF STATE TALLAHASSEE, FLORID

Tainera LEB 08 SAU

Articles of Incorporation

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

FIRST

The name of the corporation is: **COMMUNITY ALF SERVICES, INC.**

SECOND

The period of its duration is Indefinite.

THIRD

The purpose of the corporation is: Adult Living Facility

FOURTH

The aggregate number of authorized shares is 1000 shares Par-Value \$1.00

FIFTH

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

SIXTH

Cumulative Voting of shares of stock are authorized.

SEVENTH

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

EIGHT

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

NINTH

The address of the initial Registered Office of the corporation is: 939 NW 206TH Street Miami Garden, Florida 33169 and the name of it's initial Registered Agent at such address is:

Orette Poitevien

TENTH

Address of the principal place of business is: 1250 NW 126TH Street Miami, Florida 33167

ELEVENTH

The number of directors constituting the initial board of directors of the corporation is Two, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

<u>NAME</u>	<u>ADDRESS</u>
* Orette Poitevien – Presid./Treas.	939 NW 206 TH Street Miami Garden, Fl.33169
* Harry Poitevien - Vicepres.	939 NW 206 TH Street Miami Garden, Fl.33169
* Sheila Poitevien - Secret.	939 NW 206 TH Street Miami Garden, Fl.33169

TWELFTH

The name and address of each incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
* Orette Poitevien – Presid./Treas.	939 NW 206 TH Street Miami Garden, Fl.33169
* Harry Poitevien - Vicepres.	939 NW 206 TH Street Miami Garden, Fl.33169
* Sheila Poitevien - Secret.	939 NW 206 TH Street Miami Garden, Fl.33169

Date: January 19, 2011

Orette Poitevien, Incorporator

Harry Poitevier, Incorporator

Sheila Poitevien, Incorporator

Having been named as Registered Agent and to accept services of process for the 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, my position as Registered Agent.