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(Requestor's Name)

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(City/State/Zip/Phone #)

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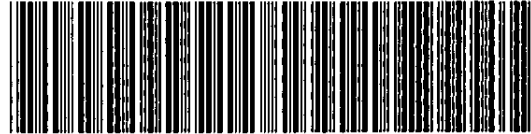
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TALLAHASSEE FLORIDA

MRB
5/23

LEANDRO O. LEAL. P.A.

ATTORNEY AT LAW
1395 BRICKELL AVENUE, SUITE 690
MIAMI, FLORIDA 33131

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

LEANDRO O. LEAL, ESQ.

Telephone: (305) 445-8411

Facsimile: (305) 445-2411

May 16, 2011

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

RE: Articles of Incorporation of **ANTONIA'S RESIDENCIA ALF, CORP.**

Dear Gentleman or Madam:


Enclosed please find our office account check in the amount of \$78.75, as per detail below, and original and two copies of the Articles of Incorporation of the above described corporation.

Please return a certified copy to the undersigned, whose address is:

1395 Brickell Avenue, Suite 690
Miami, Florida 33131

Thank you for your kind attention and cooperation to this matter.

Sincerely yours,


OLEG B. GONZALEZ,
Legal Assistant to
LEANDRO O. LEAL, ESQ.

\$ 35.00 - Filing Fees

35.00 - Registered Agent Designation

8.75 - Certified Copy

\$ 78.75

**ARTICLES OF INCORPORATION
OF
ANTONIA'S RESIDENCIA ALF, CORP.**

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ARTICLE I NAME

The name of the corporation shall be:

ANTONIA'S RESIDENCIA ALF, CORP.

ARTICLE II DURATION

This Corporation shall have perpetual existence.

ARTICLE III PURPOSE

This Corporation is organized for the purpose of transacting any and all lawful business.

ARTICLE IV CAPITAL STOCK

This Corporation is authorized to issue one hundred (100) shares of common stock without par value.

ARTICLE V INITIAL REGISTERED AGENT OFFICE AND AGENT

The street address of the initial registered office of this corporation is:

840 S.E. 8th Court
Hialeah, FL 33010

The name of the initial registered agent of this corporation at that address is:

ANTONIA GONZALEZ

ARTICLE VI MAILING ADDRESS

The mailing address of the corporation is:

840 S.E. 8th Court
Hialeah, FL 33010

ARTICLE VII INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) director initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1).

The names and post office address of the members of the Board of Directors are:

NAME

ADDRESS

ANTONIA GONZALEZ

840 S.E. 8th Court
Hialeah, FL 33010

LIDIA TRUJILLO

17801 Deerfield Dr.
Lutz, FL 33558

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TALLAHASSEE, FLORIDA

ARTICLE VIII INCORPORATORS

The name and post office address of the subscriber of these Articles of Incorporation is:

NAME

ADDRESS

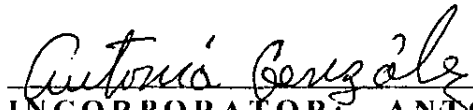
ANTONIA GONZALEZ

840 S.E. 8th Court
Hialeah, FL 33010

ARTICLE IX AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment to them, and any right conferred upon the shareholders is subject to this reservation.

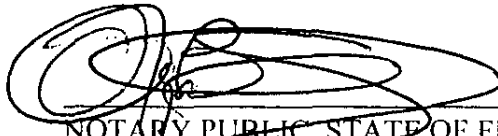
IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation on this 12th day of May, 2011.


INCORPORATOR: ANTONIA
GONZALEZ

STATE OF FLORIDA)
 (SS
COUNTY OF MIAMI-DADE)

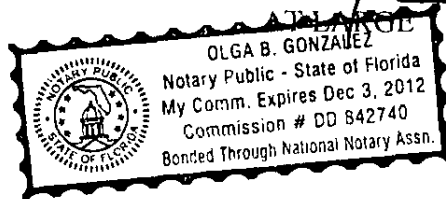
BEFORE ME, a notary public, authorized to take acknowledgment in the State and County, set forth above, personally appeared **ANTONIA GONZALEZ,,** known to me and known to be the person who executed the foregoing Articles of Incorporation and he/she acknowledged before me that he/she executed these Articles of Incorporation.

IN WITNESS WHEREOF, he/she has hereunto set his/her hands and affixed his/her official seal, in the State and County aforesaid, that I relied upon the following form(s) of identification of the above-named person(s): Valid Florida Driver's License and that an oath (was) (was not) taken, this 12th day of May, 2011.



NOTARY PUBLIC, STATE OF FLORIDA

My Commission Expires:



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TALLAHASSEE FLORIDA

CERTIFICATE OF REGISTERED AGENT

Having been named to accept service of process for the above corporation at the place designated in these Articles of Incorporation, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


ANTONIA GONZALEZ
Registered Agent

Dated: _____