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| Certified Copies | _ Certificates of | Status |
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| Special Instructions to | Filing Officer: | |
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SECRETARY OF STATE
TALLAHASSEF FLORINA

Bewin OCT . # 2011

COVER LETTER

Department of State New Filing Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: SilverBridge Supported Living Coach Inc. (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

| Enclosed are an original and one (1) copy of the art | ticles of incorporation and a check for: |
|---|---|
| \$70.00 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED |
| FROM: Rosalind Smith | e (Printed or typed) |
| 18730 NW 27th Ave #10 | 05 Address |
| Miami Gardens, FL 33 | 056 , State & Zip |
| 786-942-7652 Daytime 1 | Telephone number |
| silverbridge22@yahoo.co E-mail address: (to be use | om / plumbingros@yahoo.com ed for future annual report notification) |

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit).

| ARTICLE II | PRINCIPAL OFFICE | | | | | | | |
|------------------------------|--|---------------|----------------|----------------|-------------|-----------|----------|-------------|
| | Principal street address | | Ma | iling addres | s, if diffe | rent is: | | |
| | 18730 NW 27th Ave. #105 | _ | | | | | | _ |
| Ţ | Miami Gardens, FL 33056 | - | | | • | | | |
| ARTICLE III | PURPOSE | | | | | AEC SEC | 2311 | _ |
| Tr | hich the corporation is organized is: | | | | | > 29 | 0 | |
| | ose for a professional corporation | | | | , | TAKY O | OCT -5 | |
| ADDIOS DE NO | OH A BEO | | | | \$ *** | OF STATE | PH 4: | Ö |
| ARTICLE IV The number of sha | res of stock is: One | | | | | ु स्तां ं | 50 | |
| | | | | | | | | |
| | INITIAL OFFICERS AND/OR DIRECTO | | and Title | | | | | |
| Name and 1 | itle:Rosalind Smith President 18730 NW 27th Ave. #105 | Addres | | | | | | |
| Address. | Miami Gardens, FL 33056 | | | | | | | _ |
| | | | | • | | | | |
| Name and T | itla. | Name a | and Title | | | | | |
| Address: | itle: | Addres | is: | | | | | |
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| Name and T | itle: | Name a | and Title: | | | | | |
| Address: | | Addres | ss: | | | | | |
| | | | | | | | | _ |
| | | _ | | ,, | <u> </u> | | | |
| | REGISTERED AGENT | | | | | | | |
| | orida street address (P.O. Box NOT acceptable) | of the regist | tered agent is | s: | | | | |
| Name: | Rosalind L. Smith | _ | | | | | | |
| Address: | 18730 NW 27th Ave. #105 Miami Gardens, FL 33056 | | | | | | | |
| | Main Gardens, FL 35056 | _ | | | | | | |
| ARTICLE VII | INCORPORATOR | | | | | | | |
| | <u>Iress</u> of the Incorporator is: | | | | | | | |
| Name: | SilverBridge Supported Living Coach | nc. | | | | | | |
| Address: | 18730 N.W. 27th Ave #105 Miami Gardens, FL 33056 | _ | | | | | | |
| Having been name | ed as registered agent to accept service of proce | ss for the a | above stated | corporatio | n at the | place des | ignate | d in |
| this certificate, I ai | m familiar with hind accept the appointment as re | gistered ag | ent and agn | ee to act in l | this capa | city | | |
| / DX a | alud Intt | | | (| 09-30-2 | 2011 | | |
| | Required Signature/Registered Agent | | | - | · | Date | | |
| I submit this docu | ment and affirm that the facts stated herein ar | e true. I m | m aware the | at the false | informa | tion subr | nitted : | in a |
| | epartment of State constitutes a third degree felo | | | | | | | |
| | 1 Contra | - | | | | | | |
| 1/00 | afind Omle | | | | 9-30-2 | | | _ |
| | Required Signature/Incorporator | | | | | Date | | _ |