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Florida Department of State

Division of Corporations
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FLORIDA PROFIT/NON PROFIT CORPORATION
OUR FAMILY ASSISTED LIVING FACILITY II, INC

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ARTICLES OF INCORPORATION

OF

OUR FAMILY ASSISTED LIVING FACILITY II, INC

The undersigned Incorporator(s), for the purpose of forming a Profit Corporation under Chapter 607 of the Florida Statutes, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I

The name of this corporation shall be:

OUR FAMILY ASSISTED LIVING FACILITY II, INC

ARTICLE II

This corporation shall commence existence upon the date of filing with the Division of Corporations, state of Florida, and shall have perpetual existence.

ARTICLE III

The principal place of business of this corporation:

**1813 SW 150 PL
MIAMI, FL 33185**

ARTICLE IV

The general nature of business of this corporation is to transact any and all lawful business.

ARTICLE V

The aggregate number of shares which this corporation shall have authority to issue is 100 shares common stock having \$1.00 individual par value.

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

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ARTICLE VI

The name and street address of the initial Registered Agent of this corporation shall be:

**MEIBY MILIAN - AMADOR
1813 SW 150 PL
MIAMI, FL 33185**

ARTICLE VII

The name and address of the board of directors shall be:

**PRESIDENT
MEIBY MILIAN - AMADOR
1813 SW 150 PL
MIAMI, FL 33185**

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ARTICLE VIII

The name and address of the incorporator(s) to these Article of Incorporation shall be:

**MEIBY MILIAN - AMADOR
1813 SW 150 PL
MIAMI, FL 33185**

**The undersigned has executed these Articles of Incorporation this 24TH DAY
OF FEBRUARY 2012.**



INCORPORATOR
Signature

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

OUR FAMILY ASSISTED LIVING FACILITY II, INC

**HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT
SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT
THE PLACE DESIGNATED IN THE ARTICLES OF INCORPORATION, I
HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND
AGREE TO THE PROPER AND COMPLETE PERFORMANCE OF MY
DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS
OF MY POSITION AS REGISTERED AGENT.**


REGISTERED AGENT

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COUNTY OF ALBANY
STATE OF NEW YORK

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