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COVER LETTER ,

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

SUBJECT: QUEI	EN BROWN HAVEN A (PROPOSED CORPORA	ASSISTED LIVING ATE NAME – <u>MUST INCL</u>	
Enclosed are an orig	inal and one (1) copy of the ar		
\$70.00 Filing Fee	■ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED

FROM	NONNIEL BROWN
110111	Name (Printed or typed)
	P. O. BOX 765
	Address
	BRISTOL, FLORIDA 32321
	City, State & Zip
	850-509-3271
	Daytime Telephone number
	QUEENBROWN83@FAIRPOINT.NET
	E-mail address: (to be used 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)

The purpose for which the corporation is organized is: ASSISTED ARTICLE IV SHARES The number of shares of stock is: 50 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ADMINISTRATOR /NONNIEL BROWN Name Address: P. O. BOX 765 BRISTOL, FLORIDA 3332/ Name and Title: Name Address:	Mailing address, if different is: P.O. BOX 765 BRISTOL, FLORIDA 32321 Living Facility The and Title:
ARTICLE IV SHARES The number of shares of stock is: 50 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ADMINISTRATOR NONNIEL BROWN Address: Add	P.O. BOX 765 BRISTOL, FLORIDA 32321 Living Facility
ARTICLE III PURPOSE The purpose for which the corporation is organized is: ASSISTED ARTICLE IV SHARES The number of shares of stock is: 50 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ADMINISTRATOR NONNIEL BROWN Address: P. O. BOX 765 BRISTOL, FLORIDA 3332/ Name and Title: Nam Address: Add Name and Title: Nam Address: Add ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the re Name: NONNIEL BROWN Address: 6906 N. W. TORREYA PARK ROAD BRISTOL, FLORIDA 3232/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: NONNIEL BROWN Address: 6906 N. W. TORREYA PARK ROAD BRISTOL, FLORIDA 3232/ Having been named as registered agent to accept service of process for the this certificate, I am familiar with and accept the appointment as registered.	BRISTOL FLORIDA 32321 Living Facility
ARTICLE IV SHARES The number of shares of stock is: 50 ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS Name and Title: ADMINISTRATOR MONNIEL BROWN Address: P. O. BOX 765 BRISTOL, FLORIDA 3232/ Name and Title: Nam Address: Add Name and Title: Nam Address: Add Name and Title: Nam Address: Add ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the re Name: Nonniel BROWN Address: 6906 N. W. TORREYA PARK ROAD BRISTOL, FLORIDA 3232/ ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Name: Nonniel BROWN Address: 6906 N. W. TORREYA PARK ROAD BRISTOL, FLORIDA 3232/ Having been named as registered agent to accept service of process for the this certificate, I am familiar with and accept the appointment as registered.	32321 Living Facility
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Required Signature/Registered Agent	
Required Signature/Registered Agent	
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	d agent and agree to act in this capacity
I submit this document and affirm that the facts stated herein are true. I document to the Department of <u>State constitutes a third degree felo</u> ny as p	d agent and agree to act in this capacity 11-14-12 Date
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