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To:

Division of Corporations

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From:

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FLORIDA PROFIT/NON PROFIT CORPORATION HELPING HANDS ASSISTED LIVING FACILITY 2, INC.

Certificate of Status	1
Certified Copy	0
Page Count	01
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ARTICLES OF INCORPORATION OF

HELPING HANDS ASSISTED LIVING FACILITY 2, INC.

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME AND ADDRESS

The name and address of the corporation is:

NAME:

HELPING HANDS ASSISTED LIVING FACILITY 2, INC.

PHYSICAL ADDRESS: 3708 MEADOWBROOK AVE.

ORLANDO, FL 32808

MAILING ADDRESS: 2548 SUMMER GLEN DRIVE

ORLANDO, FL 32818

SECRETARY OF STATE OIVISION OF CORPURATION

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 1000 shares of (One) Dollar(s) (\$1.00) par value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

Name:	LEONIE LAFERRIERE	
Address:	2548 SUMMER GLEN DRIVE	
City:	ORLANDO, FL 32818	· .

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have TWO (2) directors 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 name and address of the initial director(s) of the corporation are as follows:

Name:	LEONIE LAFERRIERE		
Address:	2548 SUMMER GLEN DRIVE	· · · · · · · · · · · · · · · · · · ·	
City:	ORLANDO, FL 32818	·	1

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ARTICLE VII - INCORPORATOR

The name and address of the person signing these articles of. Incorporation are as follows:

Name:	LEONIE LAFERRIERE
Address:	2548 SUMMER GLEN DRIVE
City:	ORLANDO, FL 32818
	•
****	***********

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

LEONIE LAFERRIERE/ Registered Agent

Date

LEONIE LAFERRIERE Incorporator

Da4a

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