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Florida Department of State  
Division of Corporations  
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Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
IDEAL STAY ADULT DAY CARE AND REHAB CENTER INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME:** The name of the corporation is:SECRETARY OF STATE  
TALLAHASSEE, FLORIDAIDEAL STAY ADULT DAY CARE AND REHAB  
CENTER INC**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

2145 RESTON CIR  
ROYAL PALM BEACH, FL  
33411**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

EDUAR M RIOS (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

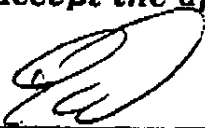
EDUAR M RIOS  
2145 RESTON CIR  
ROYAL PALM BEACH FL 33411**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:EDUAR M RIOS  
2145 RESTON CIR  
ROYAL PALM BEACH FL 33411

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**Required Signatures:**

**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**

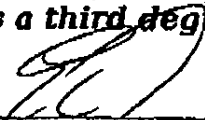


Registered Agent

9/23/14

Date

**I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.**



Incorporator

9/23/14

Date

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