

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : GM FINANCIAL GROUP
Account Number : I19980000102
Phone : (954) 428-8899
Fax Number : (954) 428-6699

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: RGENTBT@AOL.com

FLORIDA PROFIT/NON PROFIT CORPORATION
PARAMOUNT ALF, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

Electronic Filing Menu

Corporate Filing Menu

Help

H16000009748 3

16 JAN 12 11:00

ARTICLES OF INCORPORATION

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

ARTICLE I NAMEThe name of the corporation shall be: PARAMOUNT ALF, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

1117 MASSACHUSETTS AVESAINT CLOUD, FL 34769**ARTICLE III PURPOSE**The purpose for which this corporation is organized is: ASSISTED LIVING FACILITY**ARTICLE IV SHARES**The number of shares of stock is: 1000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: SARA SOLAIMANZADEHName and Title: SECRETARYAddress: 193 MCCLAUGHLIN AVE

Address: _____

HOLLIS, NY 11423Name and Title: YAHYA SOLAIMANZADEHName and Title: VICE PRESAddress: 193 MCCLAUGHLIN AVE

Address: _____

HOLLIS, NY 11423Name and Title: RAPHAEL HOFFMANNName and Title: PRESAddress: 7 MURIEL AVE

Address: _____

LAWRENCE, NY 11559

H16000009748 3

H16000009748 3

Name and Title:	GILA HOFFMANN	Name and Title:	TREASURER
Address:	7 MURIEL AVE	Address:	
	LAWRENCE, NY 11559		

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: RAPHAEL HOFFMANN

Address: 1117 MASSACHUSETTS AVE

SAINT CLOUD, FL 34769

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: RAPHAEL HOFFMANN

Address: 1117 MASSACHUSETTS AVE

SAINT CLOUD, FL 34769


ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

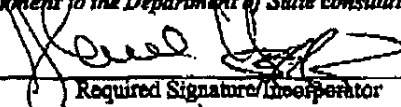


Required Signature/Registered Agent




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.



Required Signature/Incorporator



Date

H16000009748 3