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FIDELITY OF STATE
TALLAHASSEE FLORIDA

yes 12/12/16

ARTICLES OF INCORPORATION
OF
COMFORTSPA ADULT FAMILY CARE HOME, INC.

The undersigned, for the purpose of forming a corporation under the laws of the State of Florida, do hereby adopt the following articles of incorporation:

ARTICLE ONE - NAME

The name and address of the corporation are:
COMFORT SPA ADULT FAMILY CARE HOME, INC.
445 S.W Dalton Circle Port St. Lucie, FL 34953

ARTICLE TWO - CORPORATE DURATION

The duration of the corporation is perpetual.

ARTICLE THREE - PURPOSES

The general purposes for which the corporation is organized are:

1. To engage in the business of providing needed Adult Home care services throughout the State of Florida.
2. To engage in any other trade or business which can, in the opinion of the board of directors of the corporation, be advantageously carried on in connection with or auxiliary to the foregoing business.
3. To do such other things as are incidental to the foregoing or necessary or desirable in order to accomplish the foregoing.

ARTICLE FOUR - CAPITALIZATION

The aggregate number of shares which the corporation is authorized to issue is 2000 shares. Such shares shall be of a single class, and shall have a par value of One Dollar (\$1.00) per share.

ARTICLE FIVE - REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the corporation is 445 S.W Dalton Circle Port St. Lucie, FL 34953, and the name of its initial registered agent at such address is Lama Smith.

ARTICLE SIX - DIRECTORS

The number of directors constituting the initial board of directors of the corporation is three (3). The name and address of each person, who is to serve as a member of the initial board of directors are:

Jewel Lewis - President
445 S.W Dalton Circle Port St. Lucie, FL 34953

Lama Smith - Vice President
445 S.W Dalton Circle Port St. Lucie, FL 34953

Kenneth A. Lowe – Secretary/Treasurer
6190 Woodlands Blvd, #306, Tamarac, FL 33319

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE SEVEN - INCORPORATORS

The name and address of incorporator is:

Name: Lama Smith – Vice President

Address: 445 S.W Dalton Circle Port St. Lucie, FL 34953

ARTICLE EIGHT - LIMITATION OF LIABILITY

Each director, stockholder and officer, in consideration for his services, shall, in the absence of fraud, be indemnified, whether then in office or not, for the reasonable cost and expenses incurred by him in connection with the defense of, or for advice concerning any claim asserted or proceeding brought against him by reason of his being or having been a director, stockholder or officer of the corporation or of any subsidiary of the corporation, whether or not wholly owned, to the maximum extent permitted by law. The foregoing right of indemnification shall be inclusive of any other rights to which any director, stockholder or officer may be entitled as a matter of law.

Executed by the undersigned on this 6th day of December, 2016.

Lama A. Smith
Incorporator

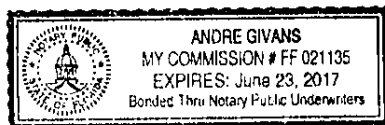
STATE OF Florida)

COUNTY OF Dade)

BEFORE ME, the undersigned authority, on this 6th day of December, 2016, personally appeared Lama A. Smith to me well known to be the persons described in and who signed the Foregoing, and acknowledged to me that they executed the same freely and voluntarily for the uses and purposes therein expressed.

WITNESS my hand and official seal the date aforesaid.

(SEAL)



[Signature]
NOTARY PUBLIC
State of Florida

My Commission Expires: 06/23/2017

DESIGNATION OF AND ACCEPTANCE
BY REGISTERED AGENT

The following is submitted in compliance with the laws of the State of Florida. COMFORTSPA ADULT FAMILY CARE HOME, INC. is a corporation organizing under the laws of the State of Florida, with its principal office located at 445 S.W Dalton Circle Port St. Lucie, FL 34953 and has named Lama Smith, whose address is 445 S.W Dalton Circle Port St. Lucie, FL 34953 as its agent to accept service of process within this State.

ACCEPTANCE

I agree as Registered Agent to accept Service of Process; to keep the office open during prescribed hours; to post my name (and any other officers of said corporation authorized to accept service of process at the above designated address) in some conspicuous place in the office as required by law.

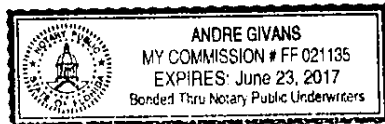
Lama A. Smith
Registered Agent:

STATE OF Florida
COUNTY OF Dade

BEFORE ME, the undersign authority, this day personally appeared Lama A. Smith, who, after being duly sworn, deposes and says that the facts and matters contained above are true and correct, and that she has executed the same for the purposes expressed herein.

WITNESS my hand and official seal the date aforesaid.

(SEAL)



[Signature]
NOTARY PUBLIC
State of Florida
My Commission Expires: 06/23/2017

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CLERK OF STATE
TALLAHASSEE FLORIDA