12/28/2017

12/27/2017



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000339043 3)))



H170003390433ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

: (845)425-0077

Phone Fax Number

: (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| E11 | Address: | | | | |
|-----|----------|--|--|--|--|
| | | | | | |

FLORIDA PROFIT/NON PROFIT CORPORATION

Baywood Facility Inc

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

11 医528 解傳:1

Electronic Filing Menu

Corporate Filing Menu

Help

D O'KEEFE

DEC 2 9 2017

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

| RTICLE I NAME he name of the corporati | on shall be: | | |
|---------------------------------------------|----------------------------------------------------------------|-----------------|------------------------|
| RTICLE II PRINCI | | Mailing add | ress, if different is: |
| 00 Relia Blvd, Suite #2 | .00 | | |
| iontebello, NY 10901 | | | |
| RTICLE III PURPO he purpose for which th | SE us corporation is organized is: Any Lawrence Any Lawrence | Aul Activity | |
| | | 100 | |
| | | | · |
| | | | |
| RTICLE IV SHAR | ES 1000 stock is: | <u>_</u> | |
| RTICLE V INITIA | L OFFICERS AND/OR DIRECTORS | | , |
| Name and Title | 17th Avenue Care Inc, Officer | Name and Title: | |
| Address | 400 Rella Blvd, Suite #200 | Address: | |
| | Montebello, NY 10901 | | · · · · · · |
| | | | |
| Name and Title | | Name and Title: | |
| Address | | Address: | |
| • | | | |
| | | | |
| Name and Title | : <u></u> | Name and Title: | |
| Address | | Address: | |
| | | <u> </u> | |
| | | <u> </u> | |

| Name and | 1 Title: | Name and Title: |
|---------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Address | | Address: |
| | | a |
| | | · |
| | | |
| | | |
| TICLE YI | REGISTERED AGENT Iorida preest address (P.O. Box NOT acceptab | le) of the registered agent is: |
| e <u>name and F</u> | Voorp Services, LLC | |
| Name: | 5011 South State Road 7, Suite 106 | |
| ddress: | | |
| | Davic, FL 33314 | |
| 58101 C 1/17 | INCORPORATOR | |
| | INCORPORATOR | |
| re <u>pame and s</u> | iddress of the incorporator is: Michael Bleich | |
| Name: | <u> </u> | |
| Address: | 400 Relia Blvd, Suite #200 | <u></u> |
| | Montebello, NY 10901 | |
| | | |
| RTICLE VIII | EFFECTIVE DATE: | (OPTIONAL) |
| ffective date, | if other than the date of filing: | cannot be more than five days prior or 90 days after the |
| if an effective Hing.) | date is listed, the date must be specific and | |
| | | icable statutory filing requirements, this date will not be listed a |
| <u>vote:</u> If the di | i effective date on the Department of State's re | cords. |
| | | |
| Having been n | iamed as registered agent to accept service of the appointment of the | process for the above stated corporation at the place designated t as registered agent and agree to act in this capacity |
| this certificate, | mi mile | 12/27/2017 |
| | Required Signature/Registered Age | Date |
| f submit this c | and the state of t | in are true. I am aware that the false information submitted i |
| document to the | document and affirm that the Jacus states her he Department of State constitutes a third degr | 12/27/2017 |
| α | . * | |