

**P1900007830**

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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**FLORIDA PROFIT/NON PROFIT CORPORATION  
ADULT LIFE CARE CENTER INC.**

Certificate of Status	0
Certified Copy	1
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FLORIDA  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

**ARTICLE I NAME:** The name of the corporation is:

Adult life Care Center Inc.

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

11246 SW 137 AVE.  
MIAMI, FL 33186

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MIRIAM AUREA DIAZ, P.

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

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


MIRIAM AUREA DIAZ  
11246 SW 137 AVE  
MIAMI, FL 33186

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

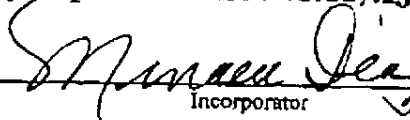
MIRIAM AUREA DIAZ  
11246 SW 137 AVE  
MIAMI, FL 33186

**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 \_\_\_\_\_ 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 \_\_\_\_\_ Date \_\_\_\_\_