# P950000000344

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

600001386336 -01/23/95--01058--019 \*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT:	SunRisc	Retirement	Home, Inc		
	(P	roposed corporat	e name - must include su	iffix)	
Enclosed is for :	s an original	and one (1) co	py of the articles of	Incorporation ar	nd a check
 kx	\$70.00	\$78.75	\$122.50	<b>\$131.25</b>	E .
F	iling Fee	Filing Fee	Filing Foo	Filing Fee,	<b>S</b>
		& Certificate	& Certified Copy	Certified Copy & Certificate	
					FILE, 1417 20 44
	FROM:	Stennett James			چي ج
PROM.		Name (printed or typed)			37
850 Hart Blvd.					
			Address		
		Orlando,	Fl 32818		
		City, State & Zip			
		(407) 293-3101			
		Daytin	ne Telephone number		

DBB 188/00 374

NOTE: Please provide the original and one copy of the articles.

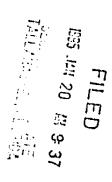
### ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

#### ARTICLE I NAME

The name of the corporation shall be:

SunRise Retirement Home, Inc



#### ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

850 Hart Blvd., Orlando, Fl 32818

#### ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000 shares

# ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Stennett James 850 Hart Blvd., Orlando, Fl 32818

## ARTICLE V INCORPORATORISI

The name(s) and street address(es) of the incorporator(s) to these Articles of incorporation is(are):

Stennett James

850 Hart Blvd., Orlando, Fl 32818

Virgie James

850 Hart Blvd., Orlando, F1 32818

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

\_day of \_

Signature

Signature

Articles of Incorporation Filing Fee - \$35

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 or 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

. The name of the corporation is: S	unRise Retirement Home, In	0
		5
The name and address of the regis	stered agent and office is:	FILED
850 Hart Blvd.,		
(P.O.	Box not acceptable)	
Orlando, Fl 328	18	_
	(City/State/Zip)	

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

15 Signaturol 1-17-95 (Date)