

**P95000028317**

**TRANSMITTAL LETTER**

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

FILED  
05 APR -6 PM 4:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT: Lakes Elderly Care, Inc.**

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

**\$78.75  
Filing Fee  
& Certificate**

**FROM: Pedro J. Farinas  
5545 Northwest 176th Street  
Miami, Florida 33055  
(305) 623-6867**

100001450071  
-04/07/95--01010--012  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

APR 10 1995: **BSA**

## 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:

**Lakes Elderly Care, Inc.**

### ARTICLE II PRINCIPAL OFFICE

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

**5545 N.W. 176 Street  
Miami, FL 33055**

### ARTICLE III SHARES

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

**100 shares of common stock, with a par value of \$10.00 per share.**

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**Pedro J. Farinas  
5545 N.W. 76 Street  
Miami, FL 33055**

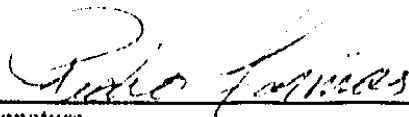
FILED  
JAN 13 1983  
CLERK OF DISTRICT COURT  
JAN 13 1983  
JAN 13 1983  
JAN 13 1983

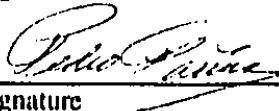
**ARTICLE V  
INCORPORATOR(S)**

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

Pedro J. Furlus	5545 N.W. 176 Street	Miami, FL 33055
Pedro Furlus	5545 N.W. 176 Street	Miami, FL 33055

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this  
27th day of March, 1995.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

## **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.

1. The name of the corporation is: **Lakes Elderly Care, Inc.**

2. The name and address of the registered agent and office is:

**Pedro J. Farinas**

**5545 N.W. 76th St.**

**Miami, FL 33055**

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.

  
(Signature)

3-28-95  
(Date)

FILED  
MAR -5 PM 4:24  
CLERK OF COURT  
JUDICIAL CIRCUIT IN AND FOR  
THE NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA