P950000 47,70439 98

_		
OFFICE USE ONLY (Document #)		
UCC FILING & SEARCH SERVIC		
526 EAST PARK AVENUE SUITE	200	200001515462 -08/18/28/100051698
TALLAHASSEE, FL 32301 (90	4) 681-6528	-06/16/9501056026 ++++122.50 ++++122.50
(City, State, Zip) LPh		E USE ONLY
	07710	超量 一
CORPORATION NAME(S) &	DOCUMENT NUMBER(S) ((if known):
1. Clarksville	Munor · Retire	ment Center Inc.
2		
(Corporation Name)	(Docur	"NEED TODAY
3. (Corporation Name)	(Docur	mant #)
4.	(Doon)	ment #}
(Corporation Nama)		Guited Com
Walk in Pick up time		, AATICLES ONL!
Mail out Will wait	Photocopy	Certificate of Status
<u> </u>		CERTIFICATE OF GOOD STANDING
NEW FILINGS	AMENDMENTS	
✓ Profit	Amendment	Certificate of FICTICIOUS NAME
NonProfit	Resignation of R.A., Officer/Director FICTICIOUS NAME SEARCH	
Limited Liability	Change of Registered Age	
Domestication	Dissolution/Withdrawal	
Other	Merger	
OTHER FILNGS	REGISTRATION/ QUALIFICATION	HOLD FOR
Annual Report	Foreign	PICKUP BY
Fictitious Name Limited Partnershi		
Name Reservation	Reinstatement	UCC SERVICES
	Trademark	

Examiner's Initials

ARTICLES OF INCORPORATION

OF

CLARKESVILLE MANOR RETIREMENT CENTER, INC.

The undersigned hereby organizes and subscribes to these Articles of Incorporation under the laws of Florida.

T.

The name of the corporation shall be:

CLARKESVILLE MANOR RETIREMENT CENTER, INC.

II.

The general purpose for which the corporation is organized shall include the transaction of any or all lawful business for which corporations may be incorporated under Chapter 607, Florida Statutes.

III.

The aggregate number of shares of capital stock which the corporation shall have authority to issue shall be 1,000 shares of no par value stock, which stock shall qualify under Section 1244, Internal Revenue Service Code.

IV.

The corporation's principal office and its registered office shall be:

1265 SE Fort King Ocala, FL 34471

and the name of its initial Registered Agent at such address shall be:

RUBY M. CLARKE

The corporation shall have no Directors and the business of the corporation shall be managed by the stockholders.

VI.

The name and address of the incorporator is:

RUBY M. CLARKE 1265 SE Fort King Ocala, FL 34471

IN WITNESS WHEREOF, the incorporator has caused this instrument to be executed this 15th day of June, 1995.

RUBY M. CLARKE

STATE OF FLORIDA COUNTY OF MARION

BEFORE ME, a Notary Public this day personally appeared RUBY

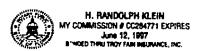
M. CLARKE, () who is personally known to me or produced

as identification who executed the foregoing instrument and acknowledged before me the execution thereof for the uses and purposes therein stated and expressed.

WITNESS my hand and official seal at Ocala, Marion County, Florida, this 15th day of June, 1995.

Notary Public, State of Florida

My commission expires:



Having been named Registered Agent of CLARKESVILLE MANOR RETIREMENT CENTER, INC., I hereby accept said office and agree to comply with the provisions of Chapter 607, Florida Statutes as same pertain to the office of Registered Agent.

*

RUBY M. CLARKE Registered Agent

