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#### CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

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NEW FILINGS	ÄMENDMENTS		
Profit	Amendment	SHARON 1. TALA	

Resignation of R.A., Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

Annual Report
Fictitious Name
Name Reservation

CR2E031(10/92)

NonProfit

Other

Limited Liability

Domestication

REGISTRATION/
QUALIFICATION

Foreign
Limited Partnership
Reinstatement
Trademark
Other

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Examiner's Initials

620-91

Dear Mr. Talor

My Phone Murbuir (904) 446-3658

May Phone Murbuir (904) 446-3658

Should you need to speak with me,

Should you need to speak with me,

Should your Need to speak with me,

Should your Need to speak with me,

Should your Need to speak with me,

Sary Rosenfeld

SENIOR HEALTH CARE, isc

Regertered agent



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

June 14, 1995

CARY SALLY ROSENFELD P.O. BOX 354147 PALM COAST, FL 32137

SUBJECT: SENIOR HEALTH CARE

Ref. Number: W95000012166

We have received your document for SENIOR HEALTH CARE and your check(s) totaling \$123.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The corporate name must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6924.

Sharon Tala Document Specialist Supervisor

Letter Number: 195A00029272

# ARTICLES OF INCORPORATION OF SENIOR HEALTH CARE, INC

I, the undersigned, desiring to form a corporation for profit under the General Corporation Law of Florida, do hereby certify:

#### **ARTICLE I**

The name of the Corporation shall be: SENIOR HEALTH CARE, Inc.

#### **ARTICLE II**

The Corporation shall have perpetual existence

#### **ARTICLE III**

The purposes for which said Corporation is formed are:

- (a) To conduct and carry on and engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state.
- (b) In general, to enter into, promote or carry on any lawful business whatsoever calculated directly or indirectly to promote the business and general welfare of the Corporation or to enhance the value of it's properties, and to have and exercise all rights, powers and privileges which are or hereinafter be conferred upon corporations for profit organized under the General Corporation Law of the State of Florida.

The objectives and purposes specified in the foregoing clauses of Article iii shall be construed both as objectives and powers, and each specified purpose shall be deemed to be independent of all other purposes herein specified and shall not be limited or restricted by reference to or inferences from the terms of any other clauses or paragraph of these Articles of Incorporation. The foregoing enumeration of specified powers shall not be held to limit or restrict the powers of the Corporation and are in furtherance of and in addition to the general powers conferred by the statutes of the State of Florida.

The Corporation reserves the right at any time and from time to time to change it's purposes in any manner now or hereafter permitted by statute. Any change of the purposes of the Corporation, whether substantial or not, authorized or approved by the holders of shares entitled to exercise that portion of the voting power of the Corporation now or hereafter required for such authorization or approval, shall be binding and conclusive upon every shareholder of the Corporation as fully as if such shareholder had voted therefore; and no shareholder, notwithstanding that he may have voted against such change of purposes or may have objected in writing thereto, shall be entitled to payment of the fair cash value of his shares.

#### **ARTICLE IV**

The number of shares of capital stock of all classes which the Corporation is authorized to have outstanding is 500, all of which shall be Common Stock with par value of \$1.00 per share.

#### ARTICLE V

The amount of stated capital with which the Corporation will begin business is \$500.00

#### ARTICLE VI

The street address of the initial registered office of this Corporation shall be 15 Chadwick Ct Palm Coast, F1 32137 and the name of the initial registered agent at this address is Gary Rosenfeld.

#### ARTICLE VII

The Corporation shall have one (1) director initially. The number of directors may be increased or diminished from time to time by the bylaws of the Corporation, but shall never be less than one (1). The name and address of the initial director of this Corporation is:

Gary Rosenfeld 15 Chadwick Ct. Palm Coast, Fl. 32137

#### ARTICLE VIII

The principal office and mailing address of the Corporation is:

Senior Health Care, Inc.
c/o Gary Rosenfeld
15 Chadwick Ct
Palm Coast, Fl. 32137



#### **ARTICLE IX**

The name and address of the incorporator signing the Articles of Incorporation is:

Gary Rosenfeld

15 Chadwick et

Palm Coast, Fl 32137

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Incorporation this 6 day of June, 1995

Gary Rosenfeld

#### ACCEPTANCE BY REGISTERED AGENT

Having been named as Registered Agent above, I hereby accept to act in that capacity, and I agree to comply with the Florida Statutes thereunto pertaining.

Gary Rosenfeld

### Notary Acknowledgement

STATE OF Florida  COUNTY OF Florida
The foregoing instrument, Articles of Incorporation of Sonor Health Care, inc. (description of Instrument)
was acknowledged before me this 1c day of June, 1995,
by Gary Rosenfeld  J (name of person acknowledged)
who is personally known to me, or
who has produced Fint A ROSI-293-38-420-0 as identification, and (type of identification)
who ☑ did ☐ did not take an oath.
(Signature of Person Taking Acknowledgement)
(Signature of Person Taking Acknowledgement)
Tammy A Stockhausen -
(Name of Acknowledger Typed, Printed or Stornped) (Title or Rank) (Serial Number, if any)
(Official Notary Seal)
TAMMY A. STOCKHAUSEN MY COMMISSION # CC 397636 EXPIRES: November 28, 1998 Bonded Thru Notary Public Underwitters

(For individual acting in his/her own right)