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1/02/96

FLORIDA DIVISION OF CORPORATIONS
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9:36 AM

((H96000000014)))

ELECTRONIC FILING COVER SHEET

TO: DIVISION OF CORPORATIONS
DEPARTMENT OF STATE
STATE OF FLORIDA
409 EAST GAINES STREET
TALLAHASSEE, FL 32399

FROM: FAB-T CORP. AGENTS, INC.

8405 NW 53RD ST

SUITE C-100

MIAMI FL 33166-

000-4610

CONTACT: LIDIA FERNANDEZ

FAX: (904) 922-4000

PHONE: (305) 599-0839

FAX: (305) 592-9591

((H96000000014)))

DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A.

NAME: DADE ADULT CONGREGATE LIVING FACILITY INC.

FAX AUDIT NUMBER: H96000000014

CURRENT STATUS: REQUESTED

DATE REQUESTED: 01/02/1996

TIME REQUESTED: 09:36:14

CERTIFIED COPIES: 0

CERTIFICATE OF STATUS: 1

NUMBER OF PAGES: 3

METHOD OF DELIVERY: FAX

ESTIMATED CHARGE: \$78.75

ACCOUNT NUMBER: 071001002335

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** ENTER 'M' FOR MENU. **

FILED
96 JAN -2 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten signature]
1/3/96
W-36
2284

FLORIDA DIVISION OF CORPORATIONS

96 JAN -2 AM 10:58

RECEIVED



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State

January 2, 1996

FAS-T CORP. AGENTS, INC.

MIAMI, FL

SUBJECT: DADE ADULT CONGREGATE LIVING FACILITY INC.
REF: W96000000036

We received your electronically transmitted document. However, the document has not been filed and needs the following corrections:

In reviewing our records, we note there is a(n) **DADE ADULT CONGREGATE LIVING FACILITY INC.**, Document number **N93000000021**, in existence.

Because of the similarities between the existing corporation and the one you are now seeking to file with us, and because it is our duty to assure that all fees due this office in accordance with section 607.0130(2)(c), Florida Statutes, are collected, we are returning the articles of incorporation unfiled and must request you return the existing corporation to good standing by completing the enclosed reinstatement application and submitting it with the appropriate fees.

The fees to reinstate the corporation are as follows: \$175 reinstatement fee, \$61.25 filing fee per year for the years 1993 through the current year, \$138.75 supplemental fee for the years 1992 forward. The total fee to file the reinstatement is \$358.75, therefore, there is a balance of \$358.75 due. Add an additional \$8.75 for each certificate of status requested.

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) 487-6934.

Loria Poole
Corporate Specialist

FAX Aud. #: H96000000014
Letter Number: 996A00000049

RECEIVED
DIVISION OF CORPORATIONS

96 JAN -2 PM 2:24

ARTICLES OF INCORPORATION**OF****DADE ADULT CONGREGATE LIVING FACILITY GROUP INC**6735 S.W. 39 Terrace.-
Miami, Fl. 33155.-FILED
2008-02-28 PM 3:11
CLERK OF DISTRICT COURT
NINTH JUDICIAL CIRCUIT
MIAMI, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: **DADE ADULT CONGREGATE LIVING FACILITY GROUP INC.**

The principal place of business of this corporation shall be: **6735 S. W. 39 TERRACE
MIAMI, FL. 33155.-**

ARTICLE II NATURE OF BUSINESS

This corporation may 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, country, territory or nation.

ARTICLE III CAPITAL STOCK \$1,000.00.-

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 shares with a par value of \$10.00 each.-

ARTICLE IV TERM OF EXISTENCE

This corporation is to exist perpetually.

ARTICLE V OFFICERS DIRECTORS

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is(are) elected, is(are):

MAGDA HERNANDEZ/ PRESIDENT.-
6735 S.W. 39 Terrace
Miami, Fl. 33155.-

Prepared by:

Marta Bu
3899 N.W. 7th. St. # 201.-
Miami, Fl. 33126- Tel. (305) 446-2967.-

ARTICLE VI INCORPORATOR(S)

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

Magda Hernandez
6735 S. W. 39 Terraco
Miami, Fl. 33155.-

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles of Incorporation this 2nd.- day of January.-, 1996.-

Signature(s) of Incorporator(s)

Magda Hernandez

MAGDA HERNANDEZ.-

STATE OF FLORIDA.-

COUNTY OF DADE.-

THE FOREGOING instrument was acknowledged and sworn to before me this 2nd. day of January, 1996, by MAGDA HERNANDEZ.-

(Name of Incorporator)

of DADE ADULT CONGREGATE LIVING FACILITY GROUP INC.
(Name of Corporation)

Notary Public

Marta Bu

My Commission Expires: _____

(SEAL)

ARTICLES OF INCORPORATION FILING FEE:



**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 807.325, 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: DADE ADULT CONGREGATE LIVING FACILITY
GROUP INC.

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

MAGDA HERNANDEZ.-
(P.O. BOX NOT ACCEPTABLE)

6735 S.W. 39 Terrace

(CITY/STATE/ZIP)

MIAMI, FL. 33155.-

SIGNATURE Magda Hernandez
(corporate officer)

TITLE PRESIDENT.-

DATE JANUARY 2nd., 1996.-

FILED
JAN 11 1996
MIAMI
FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 807.325, FLORIDA STATUTES.

SIGNATURE Magda Hernandez

DATE JANUARY 2nd. 1996.-

REGISTERED AGENT FILING FEE: