CE88. E 12:21 PM PUBLIC ACCESS SYSTEM ELECTRONIC FILING COVER SHEET 60000002638))) FROM: FAB-T CORP. AGENTS, INC. DIVISION OF CORPORATIONS 8405 NW 53RD ST DEPARTMENT OF STATE SUITE C-100 STATE OF FLORIDA MIAMI FL 33166-409 EAST GAINES STREET CONTACT: LIDIA **FERNANDEZ** TALLAHABBEE, FL 32399 PHONE: (305) 599-0039 FAX: (904) 922-4000 FAX: (305) 592-9591 DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.A. (((H9600000263B))) NAME: DASIS HOME FOR THE ELDERLY, INC. CURRENT STATUS: REQUESTED FAX AUDIT NUMBER: H96000002638 TIME REQUESTED: 12:21:14 DATE REQUESTED: 02/23/1996 CERTIFICATE OF STATUS: 1 CERTIFIED COPIES: 0 METHOD OF DELIVERY: FAX NUMBER OF PAGES: 3 ACCOUNT NUMBER: 071001002335 ESTIMATED CHARGE: \$78.75 Note: Please print this page and use it as a cover sheet when submitting documents to the Division of Corporations. Your document cannot be processed without the information contained on this page. Remember to type the Fax Audit number on the top and bottom of all pages of the document. (((H96000002638))) ** ENTER 'M' FOR MENU. ** FLORIDA DIVISION OF CORPORATIONS 2/23/96

12:21 PM

FILE

H96000002638

ARTICLES OF INCORPORATION

QE

OASIS HOMEROR THE ELDERLY, Inc.

33 Wast 26th Streat

Hinlenh, Fl. 33010

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:

OASIS HOME RIN THE ELDERLY, Inc.

The principal place of business of this corporation shall be:

33 West 26th Street Hialeah, Fl. 33010

ARTICLE IL NATURE OF BUSINESS

This corporation may engage in or transact any or all lawful activities or business permilled under the laws of the United States, the State of Florida, or any other state, country, territory or nation.

ARTICLE III CAPITAL STOCK

\$5000.00

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 500 shares each having a par value of \$10.00

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):

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

Marta Bu 33 West 26 Street Hialeah, Fl. 33010

ARTICLE VI INCORPORATORIS)

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

> MARTA BU 33 West 26th Street Hislesh, Fl. 33010

IN WITNESS WHEREOF, the undersig Articles of Incorporation this 23rd	ned incorporator(s) has(have) executed these day of <u>Fabuary</u> , 19 <u>96</u> .
	Signature(s) of Incorporator(s)
	Wester 10
	MARTA BU
STATE OF FLORIDA	
STATE OF FLORIDA COUNTY OF DADE	
of OASIS HOME FOR THE ELDERLY, INC.	owledged and sworn to before me this <u>23rd</u> (Name of incorporator) on)
	My Commission Expires:
(SEAL) ARTICLES OF INCORPORATION FILING	OFFICIAL NOTARY SEAL LIDIA FERNANDEZ NOTARY PUBLIC STATE OF FLORIDA My commission Expires: 02/02/98 COMMISSION No. CC345066 BONDED THRU GENERAL INS. UND.

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 607.325, 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.

I.	The name of the corporation is: OASIS HOME FORTHE ELDERLY, INC.
2.	The name and address of the registered agent and office is: Harta Bu
	33 West 26th Street, Hialeah, Fl. 33010
	(P.O. BOX NOT ACCEPTABLE)
	Hislanh, F1. 33010
	(CITY/STATE/ZIP)
	SIGNATURE Water 72 FEB
	SIGNATURE Colored TO E
	(corporate officer) Size 23
	TITLE PRESIDENT PRESIDENT
	DATE Febuary 23rd, 1996
	DATE Febuary 23rd, 1996 SA ST
	3 · · · · ·

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 607.325, FLORIDA STATUTES.

DATE February 23rd, 1996

REGISTERED AGENT FILING FEE: