19600059985 TRANSMITTAL LETTER

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

SUBJECT: Care For Adults Inc.
(Proposed corporate name - must include suffix)

Enclosed is an originator:	al and one (1) co	py of the articles of incorporation a	
\$70.00 Filing Fae	\$78.75 Filing Fee & Certificate	\$122.50 \$131.25 Filing Fee Filing Fee, Certified Copy & Certificate Additional Copy Required	ED AN 8: 38
FROM:		Ferguson printed ortyped)	16
	Daklar	Address Address A Park FL 33309 V. State & Zip	191
	(954) (Daytime	173 - 636] Telephone number	7/10/96

NOTE: Please provide the original and one copy of the articles.



July 10, 1996

RUBY A. FERGUSON 205 LAKE POINTE DRIVE STE 103 OAKLAND PARK, FL 33309

SUBJECT: CARE FOR ADULTS, INC.

Ref. Number: W96000014383

We have received your document for CARE FOR ADULTS, INC. and check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must state the number of shares of authorized stock.

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) 487-6878.

Terri Buckley Corporate Specialist

Letter Number: 996A00033547

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:

Care For Adults Inc.

ARTICLE II PRINCIPAL OFFICE

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

2240 N.W. 59th Terrace. Lauderhill, FL 333/3

ARTICLE III SHARES

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

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Ruby A. Ferguson 205 Lake Pointe Dr., 11/03 Oakland Park, FL 33309

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Ruby A. Ferguson 205 Lake Pointe Dr. 103 Oakland Park, IL 33309

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

27 day of June, 19 96.

(An additional article must be added if an effective date is requested.)

Kuliy G. Loyusor
Signature
Signature

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, 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: <u>Care For Adults, TW</u>	<u>C .</u>
2. The name and address of the registered agent and office is:	
Ruby A. Ferguson	
205 Lake Pointe Dr. #103 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	FILL 95 JUL 18 JEGIGLASSE TALLAHASSE
Dakland Park FL 33309 (CITY/STATE/ZIF)	FILED
Having been named as registered agent and to accent service of process for	CONTRACTOR STATES

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.