

P96000088/59

TRANSMITTAL LETTER

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

700001985437--4  
-10/25/96--01014--018  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Assisted Living Network, Inc.  
(Proposed corporate name - must include suffix)

EFFECTIVE DATE  
10-21-96

Enclosed is an original and one (1) copy of the articles of incorporation and a check  
for :

☐ \$70.00  
Filing Fee

☒ \$78.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: Diane Sargent  
Name (printed or typed)

14331 60th Street N.  
Address

Clearwater, Florida 34620  
City, State & Zip

813-539-0094  
Daytime Telephone number

FILED  
96 OCT 24 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

## ARTICLES OF INCORPORATION

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

### ARTICLE I NAME

The name of the corporation shall be:

*Assisted Living Network, Inc.*

### ARTICLE II PRINCIPLE OFFICE

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

*14331 60th Street North  
Clearwater, Florida 34620*

### ARTICLE III SHARES

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

*1,000*

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

*Diane Sargent  
14331 60th Street North  
Clearwater, Florida 34620*

### ARTICLE V INCORPORATOR

The name and street address of the incorporator to these Article of Incorporation is:

*Diane Sargent  
14331 60th Street North  
Clearwater, Florida 34620*

### ARTICLE VI EFFECTIVE DATE

The effective date of the corporation shall be October 21, 1996.

The undersigned incorporator has executed these Articles of Incorporation this 21 day of OCTOBER, 19 96.

*Diane Sargent*  
Signature

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
EFFECTIVE DATE  
10-21-96

**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: Assisted Living Network, Inc.

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

Diane M. Sargent

(NAME)

14331 60th Street North

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Clearwater, Florida 34620

(CITY/STATE/ZIP)

**FILED**  
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*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.*

*Diane Sargent*  
(SIGNATURE)

*Oct 21, 1996*  
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314