

P47000009952

TRANSMITTAL LETTER

FILED

97 JAN 27 PM 2:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

SUBJECT: SOUTHERN COMFORT ASSISTED LIVING FACILITY, INC.

(Proposed corporate name - must include suffix)

400002070214--4  
-01/28/97--01085--002  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: BONAFIDE CONSULTING, INC.  
Name (printed or typed)

811 SUNSET DR.

Address

MELBOURNE, FL. 32935

City, State & Zip

(407) 253-8297

Daytime Telephone number

*[Handwritten signature]*  
*1/31/97*

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

**ARTICLES OF INCORPORATION**

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*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.*

TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

SOUTHERN COMFORT ASSISTED LIVING FACILITY, INC.

**ARTICLE II PRINCIPAL OFFICE**

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

PRINCIPAL PLACE OF BUSINESS:

MAILING ADDRESS:

761 BAUTZEN AVE. NW  
PALM BAY, FL. 32907

869 ROSTOCK CIR. NW  
PALM BAY, FL. 32907

**ARTICLE III SHARES**

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

7500 SHARES

**ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

TRACY A. RAY  
869 ROSTOCK CIR. NW  
PALM BAY, FL. 32907

**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):

TRACY A RAY  
869 ROSTOCK CIR. NW  
PALM BAY, FL. 32907

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

22<sup>nd</sup> day of January, 19 97.

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

Tracy A. Ray  
Signature

\_\_\_\_\_  
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: SOUTHERN COMFORT ASSISTED LIVING FACILITY, INC.

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

TRACY A. RAY  
(NAME)  
869 ROSTOCK CIR. NW  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)  
PALM BAY, FL. 32907  
(CITY/STATE/ZIP)

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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.*

Tracy A. Ray  
(SIGNATURE)

1-22-97  
(DATE)

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