

P970000 16496

LIZALEX GROVE CARETAKING, INC.  
Rt 6, Box 702  
Okaloosa, Florida 34974  
(941)467-2344

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

200002083142--8  
-02/17/97--01044--009  
\*\*\*\*122.50 \*\*\*\*122.50

Re: Lizalex Grove Caretaking, Inc.

Gentlemen

Enclosed please find the original and one copy of the  
Articles of Incorporation, together with my check in the  
amount of \$122.50.

This represents the cost of the Filing Fees, Certified  
Copy of Articles of Incorporation and Fee for Registered  
Agent Designation for the above named corporation.

Very truly yours,

*Alexander P Johns*  
Alexander P Johns

FILED  
97 FEB 17 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

of  
Lizalex Grove Caretaking, Inc

(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form a corporation under the laws of the State of Florida.

### ARTICLE I - CORPORATE NAME

The name of the corporation is:

Lizalex Grove Caretaking, Inc.

### ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

### ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

### ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue one hundred shares ( 100 ) of one  
Dollar(s) (\$ 1.00 ) par value Common Stock, which shall be designated "Common Shares."

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The street address of the Initial Registered Agent office and the name of the Initial Registered Agent at that office is:

NAME	Alexander P Johns		
ADDRESS	Rt 6, Box 702		
CITY	Okeechobee	FLORIDA	ZIP 34974

The principal office, if known, or the mailing address of the corporation is:

NAME	Lizalex Grove Caretaking, Inc.		
ADDRESS	Rt 6, Box 702		
CITY	Okeechobee	FLORIDA	ZIP 34974

### ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two ( 2 ) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Alexander P Johns		
ADDRESS	Rt 6, Box 702		
CITY	Okeechobee	STATE FL	ZIP 34974
NAME	Elizabeth A Johns		
ADDRESS	Rt 6, Box 702		
CITY	Okeechobee	STATE FL	ZIP 34974
NAME			
ADDRESS			
CITY		STATE	ZIP

FILED  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE VII - INCORPORATORS**

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Alexander P Johns		
ADDRESS	Rt 6, Box 702		
CITY	Okeechobee	STATE	Fl ZIP 34974
NAME	Elizabeth A Johns		
ADDRESS	Rt 6, Box 702		
CITY	Okeechobee	STATE	Fl ZIP 34974
NAME			
ADDRESS			
CITY		STATE	ZIP

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 18th day of September, 1996.

Alexander P. Johns (Seal)  
Elizabeth A. Johns (Seal)  
\_\_\_\_ (Seal)

**CERTIFICATE AND ACKNOWLEDGEMENT  
OF REGISTERED AGENT**

**CERTIFICATE OF REGISTERED AGENT**

**OF**

**Lizalex Grove Caretaking, Inc.**

*(name of corporation)*

**FILED**  
97 FEB 17 PM 4:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, desiring to organize under the laws of the State of Florida with  
its registered office as indicated in the Articles of Incorporation

at Rt 6, Box 702

Okeechobee, FL 34974

has named Alexander P Johns

located at the aforesaid address, as its Registered Agent to accept service of process  
within this state.

**ACKNOWLEDGEMENT**

Having been named as Registered Agent to accept service of process for the above  
stated corporation at the place designated in this certificate, and being familiar with  
the obligations of that position, I hereby accept to act in this capacity, and agree to  
comply with the provisions of Florida Law in keeping open said office.

Alexander P. Johns  
*(registered agent)*