# P97000021986

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 700002088937--7 -02/17/97--01027--021 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

			=NC			
SUBJECT:	SULF COAST He	AHY CARE	_1 <u>0000000000000</u>	<b>60</b> 0),		
		te name - must include suff		DIVINOSE SE		
			50			
			•	<b>6</b>		
Enclosed is an original and one(1) copy of the articles of incorporation and a check for:						
\$70.00	\$78.75	<b>□</b> \$122.50	<b>□</b> \$131.25	1 15 15 15 15 15 15 15 15 15 15 15 15 15		
Filing Fee	Filing Fee	Filing Fee	Filing Fee,			
	& Certificate	& Certified Copy	Certified Copy & Certificate			
				!		
		ADDITIONAL CO	DPY REQUIRED			
FROM:	Julia A.G	RAF-GO	mez wa	7 2010		
FROM.	Name (Printed	RAF-GC	- WY	1-34109		
534 SE 3200 TETTACE 502						
Address						
(2)0 (-02) 51 220011						
CA/E CORA/ F/ 33904  City, State & Zip						
(941) 574-8266						
Daytime Telephone number						
			1.2			

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



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

March 3, 1997

JULIE A. GRAF-GOMEZ 534 S.E. 32ND TERRACE CAPE CORAL, FL 33904

SUBJECT: GULF COAST ASSISTED LIVING SERVICES, INC. Ref. Number: W97000003969

We have received your document for GULF COAST ASSISTED LIVING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list at least one incorporator with a complete business street address.

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) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 697A00010844



### FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 18, 1997

JULIE A. GRAF-GOMEZ 534 S.E. 32ND TERRACE CAPE CORAL, FL 33904

SUBJECT: GULF COAST HEALTH CARE, INC.

Ref. Number: W97000003969

We have received your document for GULF COAST HEALTH CARE; INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of an entity name **DOES NOT** constitute a difference. Please select a new name and make the substitution in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

When the document is resubmitted, please return a copy of this letter to ensure that your document is properly handled.

If you have any questions about the availability of a particular name, please call (904) 488-9000.

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) 487-6927.

Kathy Hyman Document Specialist

Letter Number: 997A00008641

# ARTICLES OF INCORPORATION

a Business

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:

GUIF COFFS+ ASSISTED LIVING SONICED, INC.

ARTICLE II PRINCIPAL OFFICE

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

534 SE 33nd TERRE COTAL FI 33904

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JULIE A GRAF-GOMEZ 534 SE 33M2 TERIACE CAPE COLAL FI 33904

## 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):

Julie A CRAF GOMEZ
534 SE 32 PEURCECE
RAPE COTAL FI
33904

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

= 25 day of February, 1997.

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

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 GUIF COAS+ ASSISTED	LIVING SONICES IN
	•	

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

(NAME)

(NAME)

534 SE 32nd Terrace

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

CAPE COSA F 33904

(CITY/STATE/ZIP)

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.

(SIGNATURE) DATE)