

P97000024124  
TRANSMITTAL LETTER

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

1000021024124-7  
-03/03/97--01070--0005  
\*\*\*\*\*122.50 \*\*\*\*\*122.50

*assisted living facility, Inc.*

SUBJECT:

~~The Islander~~  
(Proposed corporate name - must include suffix)

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:

Erma Forbes  
Name (Printed or typed)

2494 Marsh.Rd.  
Address

DeLand, Florida 32724  
City, State & Zip

(904)734-1379  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAR 18 AM 11:16

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

1097-5443  
BC 3/18



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAR 18 AM 11:17

March 7, 1997

ERMA FORBES  
2494 MARSH ROAD  
DELAND, FL 32724

SUBJECT: THE ISLANDER  
Ref. Number: W97000005443

We have received your document for THE ISLANDER and check(s) totaling \$122.50. However, the enclosed document has not been filed and is being returned to you for the following reason(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.

If you have any questions concerning the filing of your document, please call (904) 487-6934.

Loria Poole  
Corporate Specialist

Letter Number: 397A00011847

## 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:

The Islander      Assisted Living Facility, INC.

### ARTICLE II PRINCIPAL OFFICE

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

Business Location  
2494 Marsh Rd..  
DeLand, Florida 32724

Mailing Address  
2494 Marsh Rd..  
DeLand, Florida 32724

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### ARTICLE III SHARES

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

The number of shares of stock authorized at any one time shall be 100 shares.

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Erma Forbes  
2494 Marsh Rd..  
DeLand, Florida 32724

**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):

Erma Forbes  
2494 Marsh Rd..  
DeLand, Florida 32724

President/CEO

The purpose of Islander is to provide quality assisted living facilities for persons who are elderly and handicapped.

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

14th day of February, 1997.

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

Erma E Forbes

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

Erma Forbes  
2494 Marsh Rd..  
DeLand, Florida 32724

*Assisted living Facility  
INC.*

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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.*

*Erma E Forbes*  
(SIGNATURE)

*2-14-97*  
(DATE)

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