TRANSMITTALAETTED Department of State

Division of Corporations

P. O. Box 6327 Tallahassee, FL 32314				
SUBJECT: Pa	m Chase (Proposed co	Assisted Living porate name - must include	19. Inc. 6000021 -04/29/9 *****78	 5 76 669 701021005 .75 *****78.75
Enclosed is an original	and one(1) copy of the articles	s of incorporation and a c	check for:	7
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate	□\$122.50 Filing Fee & Certified Copy	\$131.25 Filing Fee, Certified Copy & Certificate	
		ADDITIONAL CO	PY REQUIRED	_
FROM: LoLa R. Brown Name (Printed or typed) 1426 ARgyle Drive			SECITÉ I ALLAHAS	FILE!
-	E AT MULA	Address FL 33919 State & Zip	SEE, FLORIDA	FILED IPR 28 PH 2:42
-	(941) 939-5	©8/		-

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 adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Palm Chase Assisted Living, Inc-



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

1426 Argyle Drive, FORT MY ers FL 33919

ARTICLE III SHARES

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

One

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are: LoLa R. BRO WW 1426 ARgyle Drive, FORT MY eus, FL 33919

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

LoLa R. Brown 1426 Argyle Drive FORT Myers, FL 33919

Lola R. Brown
Signature/Incorporator

<u>4-24-1997</u>
Date

FILED 2: 47
APR 28 PM 2: 47
FOREMASSEL, FLOR

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

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

Lola R. Brown
Signature/Registered Agent

<u>4-24-1997</u>