

TRANSMITTAL LETTER

*P97000047250*

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
97 MAY 27 AM 9:45

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

SUBJECT: Hidden Oaks Care Facility, Inc.  
(Proposed corporate name - must include suffix)

800002191368--8  
-05/27/97--01067--009  
\*\*\*\*\*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: Debits & Credits Group, Inc.  
Name (Printed or typed)

6955 Hanging Moss Rd. Suite 109  
Address

Orlando, FL 32807  
City, State & Zip

(407) 677-8282  
Daytime Telephone number

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

BROWN MAY 29 1997

## ARTICLES OF INCORPORATION

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*The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.*

### ARTICLE I CORPORATE NAME

The name of the Corporation is **Hidden Oaks Care Facility, Inc.**

### ARTICLE II PRINCIPAL OFFICE

The principal office and mailing address of this Corporation shall be 1690 S. Adelle Ave., Deland, FL 32770.

### ARTICLE III REGISTERED OFFICE/AGENT

The street address of the Corporation's initial registered office in the State of Florida is 6955 Hanging Moss Rd., Suite 109, Orlando, FL 32807; and the name of its initial registered agent at such address is Mike Hamilla.

### ARTICLE IV AUTHORIZED CAPITAL STOCK

The total number of shares of which the Corporation shall have the authority to issue are 1000, and the par value of each share shall be NO PAR VALUE.

### ARTICLE V PROVISIONS

The provisions for the regulations of the internal affairs of the Corporation shall be as set forth in the bylaws.

### ARTICLE VI

**BOARD OF DIRECTORS AND INCORPORATORS**

The number of directors constituting the initial Board of Directors of the Corporation is 1.

The name and address of that person who is to serve as incorporator and member of the initial Board of Directors of the Corporation is as follows:

Bickram Ramnarine  
159 Sandalwood Way  
Longwood, FL 32750

IN WITNESS THEREOF, the undersigned incorporator has executed these Articles of Incorporation on this, the 20th day of May, 1997.

Bickram Ramnarine  
Incorporator 1

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

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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: Hidden Oaks Care Facility, Inc.

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

Mike Hamill  
(NAME)

6955 Hanging Moss Rd. Suite 109  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Orlando, FL 32807  
(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.*

Mike Hamill  
(SIGNATURE)

5/20/97  
(DATE)