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Transmittal Letter

97 AUG 12 PM 11

Department Of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399  
(904)487-6052

TALLAHASSEE, FLORIDA

Subject: **EPHRAM'S ADULT CARE FACILITY, INC.**  
(Proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for:

✓ \$122.50

These documents were prepared by:

Physical Address:

Michael A. Nelson  
1251 NE 108<sup>th</sup> Street  
N. Miami, Florida 33161  
(305)895-8050

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-08/12/97--01005--006  
\*\*\*122.50 \*\*\*122.50

Mailing Address:

Michael A. Nelson  
P.O. Box 611925  
Miami, Florida 33261-1925

PH  
8/12/97

## ARTICLES OF INCORPORATION

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The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts(s) the following Articles of Incorporation.

### ARTICLE I NAME

The name of the corporation shall be:

EPHRAM'S ADULT CARE FACILITY, INC.

### ARTICLE II PRINCIPAL OFFICE

236 NW 40<sup>th</sup> Street  
Miami, Florida 33127

### ARTICLES III SHARES

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

100 shares of common stock  
Par value \$1.00 each

### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Mr. Michael A. Nelson  
1251 NE 108<sup>th</sup> Street, #717  
Miami, Florida 33161

# ARTICLE V INCORPORATOR(S)

The name(s) and the street address(es) of the incorporator(s) to these Articles of Incorporation is (are):

President: Arletha Ephram

Vice President: Arletha Ephram

Treasurer: Arletha Ephram

Secretary: Arletha Ephram

The undersigned incorporator has executed these Articles of Incorporation this 11th day of August, 1997.

Arletha Ephram  
Signature

Arletha Ephram  
Signature

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

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TALLAHASSEE, FLORIDA

**PURSUANT TO THE PROVISIONS OF SECTION 607.0501 OR 617.0501, FLORIDA  
STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE  
LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN  
DESIGNATION THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF  
FLORIDA.**

The name of the corporation is:

**EPHRAM'S ADULT CARE FACILITY, INC.**

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

**Michael A. Nelson  
1251 NE 108<sup>th</sup> Street #717  
Miami, Florida 33161**

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 appointments 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 performances of my duties, and I am familiar with and accept the obligations of my position a registered agent.

  
\_\_\_\_\_  
Signature

  
\_\_\_\_\_  
Signature

Division of Corporations, P.O. Box 6327, Tallahassee, Florida