# P97000069627

Transmittal Letter

Department Of State Division of Corporations 409 E. Gaines Street Tallahasse, Florida 32399 (904)487-6052 97 AUG 12 PHP: 11

TÄLLÄHASSEL, 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 where prepared by:

Physical Address:

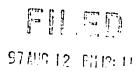
Michael A. Nelson 1251 NE 108<sup>th</sup> Street N. Miami, Florida 33161 (305)895-8050

Mailing Address:

Michael A. Nelson P.O. Box 611925 Miami, Florida 33261-1925 000002265010--5 -08/12/97--01005--006 \*\*\*\*122.50 \*\*\*\*122.50

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### ARTICLES OF INCORPORATION



The undersigned incorporator(s), for the purpose of forming a corporation Ainder the Florida ORIDA 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 PRINCIPCAL 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 III day of \_\_\_\_\_\_\_\_, 1997.

Arktha Ephan Signature Urletha Ephran

FILED

## CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

97 AUG 12 PH 12: 11.

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/REGISTED 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