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

| SUBJECT:   | Living Quarters, Inc.                                    |   |
|--|--|---|
|  | (Proposed corporate name - must include suffix           | )   |
| Enclosed is an o and a check for:  | riginal and one (1) copy of the articles of i            | ncorporation  |
| \$70.00<br>Filing Fee  | \$78.75 \$122.50 Filing Fee Certificate & Certified Copy | \$131.25 Filing Fee, Certified Copy & Certificate         |
|  | 9000   | 3023061790<br>09/29/9701115010<br>******70.00 ******70.00 |
|  | FROM: LORRAINE FADDEN                                    |   |
| •  | Name (Printed or Typed )                                 |   |
| onsel  |  |   |
| eXX.   | 4763 SILVER HERON DRIVE                                  |   |
| AN GAVE AN GAVE PHONE TO   | Address  |   |
| 15 TO  |  | 7   |
| PHONE  |  | 32934 FEC 97  |
|  | City, State & Zip  | ARE SEP TO  |
| 199  |  | 29<br>A.S.S.  |
| MAN -  | 407-726-1883   |   |
| A CONTRACTOR OF THE PARTY OF TH | Daytime Telephone number                                 | 29 PH 2: 34 ARY OF STATE ASSEE, FLORID                    |

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

10/1/97-I.4n.

#### 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

The name of the corporation shall be: LIVING QUARTERS, INC.

#### ARTICLE II PRINCIPAL OFFICE

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

4120 MINTON ROAD SUITE B W. MELBOURNE, FL 32904

#### ARTICLE III SHARES

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

10,000 SHARES (COMMON VOTING)

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the registered agent is:
LORRAINE FADDEN
4763 SILVER HERON DRIVE
MELBOURNE, FLORIDA 32934

**Filing Fee: \$ 70.00** 

## 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):

LORRAINE FADDEN 4763 SILVER HERON DRIVE MELBOURNE, FLORIDA 32934

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this <u>25TH</u> day of <u>SEPTEMBER</u>, 1997.

Signature
Signature

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:  |   | ERS , INC .<br>include suffix) | <del></del> |  |  |
|---|---|--------------------------------|-------------|--|--|
|   |   |                                |             |  |  |
| 2. The name and address of the registered agent and office is:  |   |                                |             |  |  |
| LORRAINE FADDEN   |   |                                |             |  |  |
|   | (Name)                                  |                                |             |  |  |
|   | BILVER HERON DF<br>Box or Mail Drop Box |                                | 97 SECR     |  |  |
| MELBO   | OURNE, FLORIDA                          | 32934                          | P 2         |  |  |
| <del> </del>  | (City/State/Zip)                        |                                | PH 2        |  |  |
| 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. |   |                                |             |  |  |
| hallaine Jack<br>(Signature)  | len)                                    | 9/25/97<br>(Date)              | J           |  |  |

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