P9800047118

Assisted Living Alternatives, Inc.

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

	(Proposed corporate name - must include suffix)			
			900002535 -05/22798 ****122.50	723 1097 ****
Enclosed is an original	and one(1) copy of the article	es 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 CO	PY REQUIRED	
FROM: _	Valerie Ma Name (1	Printed or typed)		İ
	419 GRISWOLD DRIVE			
•	Address LAKE WORTH, FL 33461 City, State & Zip Address			2
				_
		7469 Telephone number		FILED

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

nc 5/27/98

FILED

98 MAY 22 AM 10: 57

ARTÍCLES OF INCORPORATION

Signature/Incorporator

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Date

Dubinion Corporation for, hereby duopin the joho misg in tioles of interporation.				
ARTICLE I NAME The name of the corporation shall be:				
The name of the corporation shall be: Assisted Living Alternatives, Inc.				
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be:				
419 GRISWOLD DRIVE LAKE WORTH, FL 33461				
ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is:				
100				
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS				
The name and Florida street address of the initial registered agent are: Valerie May				
419 GRISWOLD DRIVE LAKE WORTH, FO				
ARTICLE V INCORPORATOR 33461				
The <u>name and address</u> of the incorporator to these Articles of Incorporation are:				
Valerie May 419 Griswold Drive LAKE WORTH, FL 33461				
I/I				

(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 ag	ent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and comp.	lete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent	, ·
Walerie May	5/18/98
Signature/Registered Agent /	Date