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TRANSMITTAL LETTER

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

700002701277--5
-12/03/98--01032--009
****122.50 *****78.75

SUBJECT: MANAN ASSISTED LIVING, INC.
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50

FROM:

ANITA PIERCE

Name (printed or typed)

5906 NORTH 32ND STREET

Address

TAMPA, FLORIDA 33610

City, State, & Zip

(813)

237-1330

Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 DEC -3 AM 10:32

FILED

Note: Please provide the original and one copy of the Articles.

SD
12/8

ARTICLES OF INCORPORATION

OF

MANAN ASSISTED LIVING, INC.

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 NAME

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

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

5906 NORTH 32ND STREET
TAMPA, FLORIDA 33610

ARTICLE III SHARES

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

10,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

ANITA PIERCE
5906 NORTH 32ND STREET
TAMPA, FLORIDA 33610

ARTICLE V INCORPORATOR(S)

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

ANITA PIERCE
5906 NORTH 32ND STREET
TAMPA, FLORIDA 33610

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

30TH day of November, 1998.
~~12TH~~ ~~OCTOBER~~

Anita Pierce
Signature

Signature

Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: MANAN ASSISTED LIVING, INC.

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

ANITA PIERCE
(NAME)

5906 NORTH 32ND STREET
(P.O. BOX NOT ACCEPTABLE)

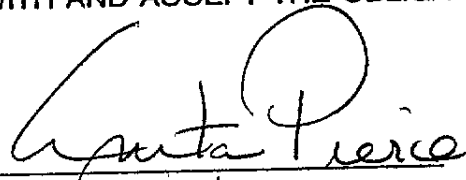
TAMPA, FLORIDA 33610
(CITY/STATE/ZIP)

98 DEC -3 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

SIGNATURE



DATE

11 / 30 / 98