

TRANSMITTAL LETTER

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

SUBJECT: LIFESTYLE ADULT @ FAMILY SERVICES, INC.

(Proposed corporate name - must include suffix)

FILED
99 MAR -4 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL 32314

0000002784490-9
-03/04/99 01046-025
*****238.25 *****78.75

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

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☒ ~~\$131.25~~ 78.75
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM: Robert X. Lyons

Name (printed or typed)

8635 Leighton Drive

Address

Tampa, Florida 33614

City, State & Zip

1-(813) 931-9068

Daytime Telephone number

RECEIVED
99 MAR -4 PM 12:57

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

T. SMITH MAR 04 1999

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

LIFESTYLE ADULT @ FAMILY SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

4301 32nd St. Suite E-4
Bradenton, Florida 34205

ARTICLE III SHARES

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

50 shares of common stock @ \$10.00 per share

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Robert X. Lyons
8635 Leighton D.
Tampa, Florida 33614

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Joyce A. Kane
8635 Leighton Drive
Tampa, Florida 33614

Joyce A. Kane
Signature/Incorporator

3-1-99
Date

(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 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

Robert X. Lyons
Signature/Registered Agent

3-1-99
Date

FILED
99 MAR -4 PM 1:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: LIFESTYLE ADULT @FAMILY SERVICES, INC.

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

Robert X. Lyons

(NAME)

8635 Leighton Drive

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Tampa, Florida 33614

(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR -4 PM 1:11

FILED

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(SIGNATURE)

3-1-99
(DATE)