

P99000060186

TRANSMITTAL LETTER

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

700002919497-7  
-06/30/99-01045-010  
\*\*\*\*131.25 \*\*\*\*87.50

SUBJECT:

HOMESTYLE SENIOR CARE ON HUMMINGBIRD LANE INC.

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

\$ 131.25 FOR:

Filing Fee, Registered Agent Designation,

Certified Copy & Certificate of Status

FROM:

Wayne L. Nixon  
836 Hummingbird Lane  
Orlando, Florida 32825  
( 407 ) 381 - 7468

FILED  
99 JUN 30 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

B. BROOK JUL 6 1999

**ARTICLES OF INCORPORATION  
OF  
HOMESTYLE SENIOR CARE  
ON HUMMINGBIRD LANE, INC**

\*\*\*\*\*

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:

**HOMESTYLE SENIOR CARE ON HUMMINGBIRD LANE INC.**

**ARTICLE II NATURE OF BUSINESS**

1. The general nature of the business of the corporation shall be an assisted living facility and other aspects of senior care and their well being.
2. This corporation may engage in any activities or business permitted under the laws of the United States and of the State of Florida.

**ARTICLE III - PRINCIPAL OFFICE AND MAILING ADDRESS**

1. The principal place of business shall be:

**836 HUMMINGBIRD LANE  
ORLANDO, FLORIDA 32825**

2. The mailing address of this corporation shall be:

**836 HUMMINGBIRD LANE,  
ORLANDO, FLORIDA 32825.**

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#### **ARTICLE IV - SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 10,000 with a par value of \$ .01.

#### **ARTICLE V - INITIAL REGISTERED AGENT AND ADDRESS**

The name and address of the initial registered agent is:

WAYNE L. NIXON  
836 HUMMINGBIRD LANE  
ORLANDO, FLORIDA 32825.

#### **ARTICLE VI - DIRECTORS**

The business of the corporation shall be conducted by a Board Of Directors consisting of not less than one (1) director. The name and address of the director is

WAYNE L. NIXON  
836 HUMMINGBIRD LANE  
ORLANDO, FL 32825

#### **ARTICLE VII - INCORPORATORS**

The name and address of the incorporator is:

WAYNE L. NIXON  
836 HUMMINGBIRD LANE  
ORLANDO, FL 32825

The undersigned have executed these Articles Of Incorporation this 28<sup>th</sup> day of June, 1999.

**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:  
  
HOMESTYLE SENIOR CARE ON HUMMINGBIRD LANE, INC.
2. The name and address of the registered agent and office is:

WAYNE L. NIXON  
836 HUMMINGBIRD LANE  
ORLANDO, FLORIDA 32825

HAVING BEEN NAMED AS REGISTERED AGENT 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.

DATE: June 28, 1999

By: \_\_\_\_\_

WAYNE L. NIXON  
Registered Agent

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99 JUN 30 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA