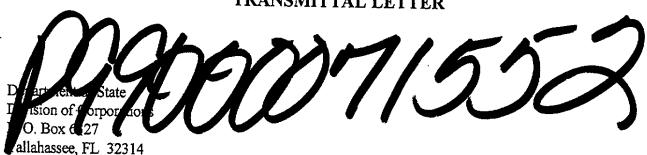
TRANSMITTAL LETTER



SUBJECT:	Pine Village Assisted	Tiving Inc		u ustana nati
SCHOLET		rate name - must include s	ruffix)	— r - wr. :
Falantin			500002951 3 -08/05/9901 *****78.75	051016
Enclosed is an on	ginal and one(1) copy of the articles	of incorporation and a	check for :	
☐ \$70.00 Filing Fee	4.4.4	\$122.50 Filing Fee & Certified Copy ADDITIONAL CO	Filing Fee, Certified Copy & Certificate CPY REQUERED	1000
FRON	M: Pansy Whitton		5 PM RY OF SSEE F	
	Name (Printed or typed)			;
	27 Westgrill Drive		TATE ORIDA	
	Palm Coast, FL 3218	ddress 54 State & Zip	· · · · · · · · · · · · · · · · · · ·	
	(904) 445-7080			
	Daytime Tel	lephone number	1 	a.b.

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

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	NAM.	TT.
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The name of the corporation shall be:

Pine Village Assisted Living, Inc.

ARTICLE II PRINCIPAL OFFICE

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

6 Wedge Placë

Palm Coast, FL 32164

ARTICLE III SHARES

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

100 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Pansy Whitton

27 Westgrill Drive -

Palm Coast, FL 32164

ARTICLE V INCORPORATOR

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

Roy Hyman, President

Pagsy Whitton, Vice President

Signature/Incorporator

(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

USignature/Registered Agent

Doto