TRANSMITTAL LETTER DAGOOO 83606

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

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SUBJECT:	SENI	OR CARE	= R	ESEARCH,	Tre	石岩.	99	
		(Proposed	d corpora	ate name - must includ	e suffix)	LANASSEE, FLOW	25 STE	
Enclosed is an o	original and	one(1) copy of the	articles	of incorporation and	d a check for:		うてん	
☐ \$70. Filing F	ee Filir	578.75 ng Fee Certificate of Status		\$78.75 Filing Fee & Certified Copy ADDITIONAL	& Cert Status	Fee, ed Copy tificate of		
FR	FROM: JAMES ALLEN REYNOLDS Name (Printed or typed) 3023 West 39 4-STREET Address					-		
ORLANDO, F1 32839								
	City, State & Zip							
(407) 872-7788								

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

Daytime Telephone number

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.	99 SEP 17 A	U .
ARTICLE I NAME	SECRETARY OF STALLAHASSEE, FL	# 9: _{0.3}
The name of the corporation shall be:	ALLAHASSET	STATE "
	ioole, FL	ORIDA
SENIOR CARE RESEARCH, INC		
ARTICLE II PRINCIPAL OFFICE		
The principal place of business and mailing address of this corporation shall be:	- * * *	· .
3023 WEST 39th STREET	- • •	
ORLANDO, F1 32839	=	
ARTICLE III SHARES		
The number of shares of stock that this corporation is authorized to have outstan	ding at any one time is:	
(4.0)		
100		
ARTICLE IV INITIAL REGISTERED AGENT AND STREET	ADDRESS	a 1 :===
The name and Florida street address of the initial registered agent are:		
JAMES ALLEN REYNOLDS 3023 WEST 39th STREET	_	
0023 WEST 39 TO 31KEET		
ARTICLE V INCORPORATOR		
The name and address of the incorporator to these Articles of Incorporation are	: :	
JAMES ALLEN REYNOLDS		
3023 WEST 39 & STREET	-	
1 SLANDO, FI 32839		
A DAINE IN THE STATE OF THE STA	9-14-99	
James Allegrade	7 / F //	
Signature/Incorporator	Date	
JAMES A. REYNOLDS		
	. 15	
(An additional article must be added if an effective date in	s requested.)	
Having been named as registered agent and to accept service of process for the above stated of certificate, I hereby accept the appointment as registered agent and agree to act in this capa	orporation at the place designation. I forther agree to cor	gnated in this
provisions of all statutes-relating to the proper and complete performance of my duties,	and I am familiar with an	d accept the
obligations of my position as registered agent		
(James & Gernolds	9-14-99	
Signature/Registered Agent	Date	
JAMES A. REYNOLDS		
JAMES A. KEYNOLDS		±