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TRANSMITTAL LETTER

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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-09/17/99--01100--004
*****87.50 *****87.50

SUBJECT: SENIOR CARE FACILITIES
INVESTIGATIVE RESEARCH, INC.
(Proposed corporate name - must include suffix)

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 of Status

☐ \$78.75 Filing Fee
& Certified Copy
☒ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status
ADDITIONAL COPY REQUIRED

FROM: JAMES ALLEN REYNOLDS
Name (Printed or typed)
3023 WEST 39TH STREET
Address
ORLANDO, FL 32839
City, State & Zip
(407) 872-7788
Daytime Telephone number

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

D. BROWN SEP 22 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:

SENIOR CARE FACILITIES INVESTIGATIVE SERVICES RESEARCH, INC

ARTICLE II PRINCIPAL OFFICE

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

3023 WEST 39th ST.
ORLANDO FL 32839

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

JAMES ALLEN REYNOLDS
3023 WEST 39th STREET
ORLANDO, FL 32839

ARTICLE V INCORPORATOR

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

JAMES ALLEN REYNOLDS
3023 WEST 39th STREET
ORLANDO, FL 32839

James A Reynolds
Signature/Incorporator

9-14-99

Date

JAMES A. REYNOLDS

(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

James A Reynolds
Signature/Registered Agent

9-14-99

Date

JAMES A. REYNOLDS