

P11000097425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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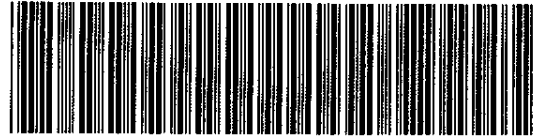
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
11 NOV - 9 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRD
11/10

COVER LETTER

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

SUBJECT: SENIOR LOGICS INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: BLAKE ANDREWS
Name (Printed or typed)
8913 SE SANDRIDGE AVE.
Address
HOBE SOUND FL 33455
City, State & Zip
(772) 215-3387
Daytime Telephone number
BLAKE772@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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

FILED

ARTICLE I NAME

The name of the corporation shall be:

SENIOR LOGICS INC

11 NOV -9 AM 11:45

ARTICLE II PRINCIPAL OFFICE

Principal street address

22 CASTLE HILL WAY
STUART, FL 34996

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
Mailing address, if different

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ASSISTS ELDERLY PERSONS IN TRANSITIONING INTO AN
ASSISTED LIVING FACILITY.

ARTICLE IV SHARES

The number of shares of stock is:

2000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: JUDY VINY / PRESIDENT
Address: 22 CASTLE HILL WAY
STUART, FL 34996

Name and Title: BLAKE ANDREWS / DIRECTOR
Address: 8913 SE SANDRIDGE AVE
HOBE SOUND, FL 33455

Name and Title: BRANDON WESTON / DIRECTOR
Address: 22 CASTLE HILL WAY
STUART, FL 34996

Name and Title: _____
Address: _____

Name and Title: MICHELE ANDREWS / DIRECTOR
Address: 8913 SE SANDRIDGE AVE
HOBE SOUND, FL 33455

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: BLAKE ANDREWS
Address: 8913 SE SANDRIDGE AVE
HOBE SOUND, FL 33455

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: BLAKE ANDREWS
Address: 8913 SE SANDRIDGE AVE
HOBE SOUND, FL 33455

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Blake Andrews

Required Signature/Registered Agent

10.27.11

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Blake Andrews

Required Signature/Incorporator

10.27.11

Date