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Florida Department of State
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To:
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From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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**FOREIGN PROFIT/NONPROFIT CORPORATION**

**Senior Planning Center, Inc.**

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# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Senior Planning Center, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Maine
(State or country under the law of which it is incorporated)

3. _____
(FEI number, if applicable)

4. 12/17/2012
(Date of incorporation)

5. _____
(Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 7901 4th St N STE 300 St. Petersburg FL 33702
(Principal office street address)

7901 4th St N STE 300 St. Petersburg FL 33702
(Current mailing address, if different)

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8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents Inc.

Office Address: 7901 4th St N STE 300

St. Petersburg (City), Florida 33702 (Zip code)

9. **Registered agent's acceptance:**
***Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.***

Bill Hamm
(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐Chairman Name: Anthony Arruda

☐Vice Chairman Address: 7901 4th St N STE 300

☒Director St. Petersburg FL 33702

☒President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name: Laura Kwon

☐Vice Chairman Address: 7901 4th St N STE 300

☒Director St. Petersburg FL 33702

☐President

☐Vice President

☒Secretary ☒Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name: Brad Dyer

☐Vice Chairman Address: 7901 4th St N STE 300

☒Director St. Petersburg FL 33702

☐President

☒Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

☐Chairman Name:

☐Vice Chairman Address:

☐Director

☐President

☐Vice President

☐Secretary ☐Treasurer

☐Other ☐Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

12. _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Brad Dyer, Director
(Typed or printed name and capacity of person signing application)

# State of Maine

# Department of the Secretary of State

***I, the Secretary of State of Maine, certify*** *that according to the provisions of the Constitution and Laws of the State of Maine, the Department of the Secretary of State is the legal custodian of the Great Seal of the State of Maine which is hereunto affixed and of the reports of organization, amendment and dissolution of corporations and annual reports filed by the same.*

***I further certify*** *that SENIOR PLANNING CENTER, INC., formerly SENIOR PLANNING CENTER, LLC is a duly organized business corporation under the laws of the State of Maine and that the date of incorporation is December 17, 2012.*

***I further certify*** *that said business corporation has filed annual reports due to this Department, and that no action is now pending by or on behalf of the State of Maine to forfeit the charter and that according to the records in the Department of the Secretary of State, said corporation is a legally existing business corporation in good standing under the laws of the State of Maine at the present time.*

***In testimony whereof,*** I have caused the Great Seal of the State of Maine to be hereunto affixed. Given under my hand at Augusta, Maine, this twenty-first day of September 2021.

Shenna Bellows

Shenna Bellows

*Secretary of State*