

# F950000 4589

## TRANSMITTAL LETTER

**TO: QUALIFICATION/TAX LIEN SECTION  
DIVISION OF CORPORATIONS**

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-09/20/95--01037--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

**SUBJECT: UNITED SENIOR SERVICES ASSOCIATION, INC.**  
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lou-Ping P. Smith

(Name of Person)

United Senior Services Association, Inc.

(Firm/Company)

P. O. Box 273329

(Address)

Tampa, FL. 33688-3329

(City, State and Zip Code)

Should you need to call someone concerning this matter, please call:

Lou-Ping P. Smith

(Name of Person)

at ( 813 ) 926-1515

Area Code & Daytime Telephone Number

**COURIER ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**MAILING ADDRESS:**

Qualification/Tax Lien Sec.  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

12/2/94  
55 SEP 20 PM 1:04  
DIVISION OF CORPORATIONS

**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. UNITED SENIOR SERVICES ASSOCIATION, INC.  
(Name of corporation: must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. August 22, 1995 5. Perpetual  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. In future upon qualification  
(Date first transacted business in Florida. (See sections 607.1501, 607.1502, and 617.156, F.S.)

7. P. O. Box 273329  
Tampa, FL 33688-3329  
(Current mailing address)

8. Membership Association providing benefits to its Members  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Name: Lou-Ping P. Smith

Office Address: 13920 Citrus Pointe Drive

Tampa, FL 33625, Florida, 33625  
(Zip Code)

10. **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.*

  
(Registered agent's signature)

11. 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.

12. Names and addresses of officers and/or directors: (Street address ONLY- P. O. Box NOT acceptable)

**A. DIRECTORS (Street address only- P. O. Box NOT acceptable)**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

**B. OFFICERS (Street address only- P. O. Box NOT acceptable)**

President: Lou-Ping P. Smith

Address: 13920 Citrus Pointe Drive

Tampa, FL. 33625

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: Lou-Ping P. Smith

Address: 13920 Citrus Pointe Drive

Tampa, FL. 33625

Treasurer: Lou-Ping P. Smith

Address: 13920 Citrus Pointe Drive

Tampa, FL. 33625

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

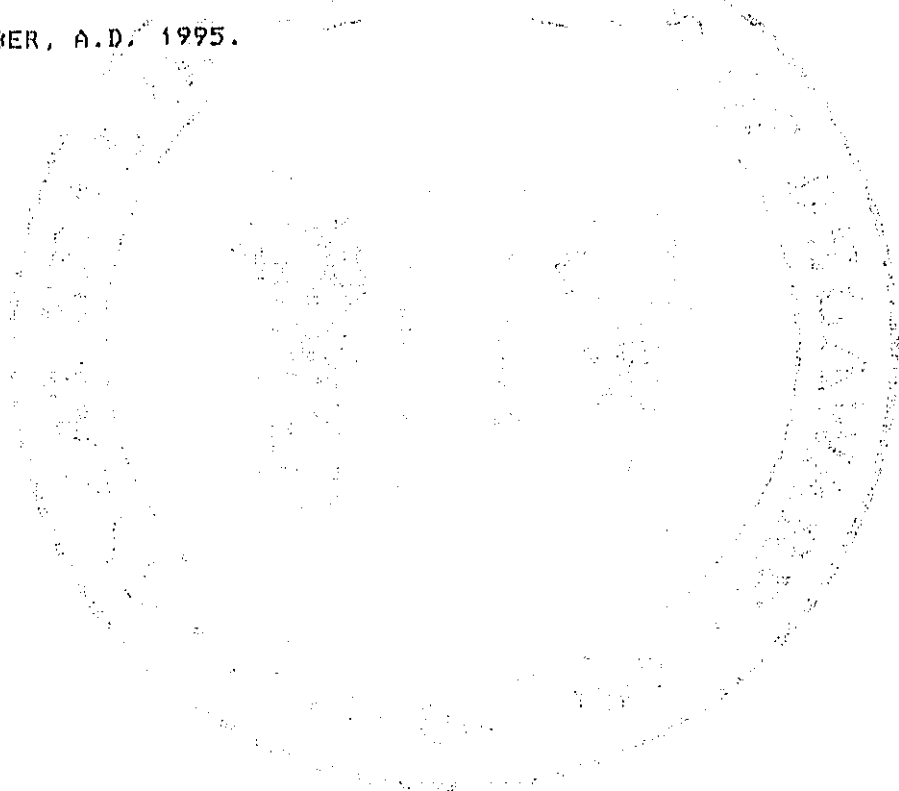
13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Lou-Ping P. Smith, President  
(Typed or printed name and capacity of person signing application)

*Office of the Secretary of State*

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I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITED SENIOR SERVICES ASSOCIATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF SEPTEMBER, A.D. 1995.



SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
55 SEP 20 PM 1:04



*Edward J. Freel*

Edward J. Freel, Secretary of State

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AUTHENTICATION: 7637723

DATE: 09-13-95