

No4000004198

(Requestor's Name)

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(City/State/Zip/Phone #)

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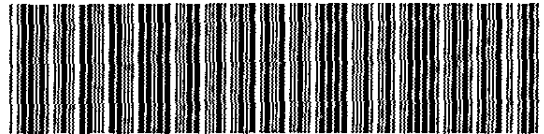
(Business Entity Name)

(Document Number)

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04 APR 23 PM 12: 04

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04/23/04

TRANSMITTAL LETTER

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

SUBJECT: FLORIDA SENIORS COMMUNITY SERVICE, 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

ADDITIONAL COPY REQUIRED

FROM: SUSAN L. ASHLEY
Name (Printed or typed)

3217 BENEVA #202
Address

SARASOTA, FL. 34232
City, State & Zip

941-926-1251
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:
Florida Seniors Community Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:
3217 Beneva Rd. #202
Sarasota, Florida 34232

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide community service by high school students.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:
Directors shall be appointed by the incorporator.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):
Susan L. Ashley, President
3217 Beneva Rd., #202
Sarasota, Florida 34232

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:
Susan L. Ashley
3217 Beneva Rd., #202
Sarasota, Florida 34232

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:
Susan L. Ashley, Incorporator
3217 Beneva Rd., #202
Sarasota, Florida 34232

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.

Susan L. Ashley
Signature/Registered Agent

4-18-04
Date

Susan L. Ashley
Signature/Incorporator

4-18-04
Date

FILED
04 APR 23 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA