

NO400004567

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(Address)

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3-7-04

## TRANSMITTAL LETTER

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

SUBJECT: FLORIDA SENIOR CITIZENS ASSOCIATION, 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: GREGORY CARNIVALE  
Name (Printed or typed)

2801 SW College Rd Unit 1  
Address

Orlando FL 32804  
City, State & Zip

352-873-0333  
Daytime Telephone number

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

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**

The name of the corporation shall be: **FLORIDA SENIOR CITIZENS ASSOCIATION, INC.**

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is: **2801 SW COLLEGE RD. UNIT 1  
OCALA, FLORIDA 34474**

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: **TO PROVIDE  
INFORMATION AND INVESTMENT SERVICES FOR SENIORS**

**ARTICLE IV SHARES**

The number of shares of stock is: **100**

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

List name(s), address(es) and specific title(s): **GREGORY CARNIVALE, PRESIDENT**

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address of the registered agent is:  
**GREGORY CARNIVALE, 2801 SW COLLEGE RD. UNIT 1 OCALA, FLORIDA  
34474**

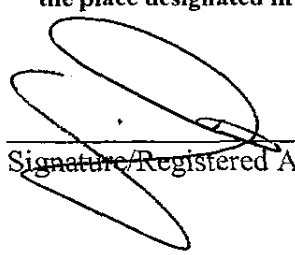
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: **GREGORY CARNIVALE, 2801 SW  
COLLEGE RD. UNIT 1 OCALA, FLORIDA 34474**

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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

  
\_\_\_\_\_  
Signature/Registered Agent

4-29-04  
\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Incorporator

\_\_\_\_\_  
Date