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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

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

| SUBJECT: Tam | pa Bay Village (PROPOSED CORPORA | S, INC. tename- <u>mustincli</u> | UDE SUFFIX) | | |
|--|--|-------------------------------------|--|------------|----------------------|
| Enclosed is an origina | l and one (1) copy of the Art | icles of Incompration and | d 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 C | OPY REQUIRED | | |
| FROM | r: Kelsey lurato | rinted or typed) | _ ? { | | |
| | 3817 W. Humphrey | St., Suite 205A | | 29) JUL 29 | Markette Markette |
| Tampa, FI 33614 City, State & Zip | | - SESTE | A . | 77 | |
| 813-863-1713 Daytime Telephone number | | | | . • | |
| | kelsey@tampal | bayvillages.org | | | |

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

E-mail address: (to be used for future annual report notification)

ARTICLES OF INCORPORATION

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

| | PRINCIPAL OFFICE Principal street address | | Mailing address, if different is: | |
|--|--|---|--|------------------------------------|
| | 3817 W. Humphrey St. | | x 272568 | |
| | Suite 205A Tampa, Fl.33614 | Tampa, | FL33688 | |
| | Lampa, FL33614 | | | |
| ARTICLE III | PURPOSE | | | |
| rporation is organized ex ance of such purposes. I bers, by helping seniors a lout by a corporation org- ted for one or more exer- ated to the federal govern | hich the corporation is organized is: clusively for charitable, educational, and literary purposes with fore specifically, the corporation is organized to help seniors and others find acceptable vendors to provide services, by succenized under Florida general laws and described in Section 5 apt purposes within the meaning of Section 501(c)(3) of the In ment, or to a state or local government, for a public purpose. MANNER OF ELECTION The manner | and others stay in their homes as long a th other activities and programs that will in 01(c)(3) of the Internal Revenue Code. Uniternal Revenue Code, or the correspond | is possible by providing appropriate services further this purpose, and by such other activ Jpon the dissolution of the corporation, asse ding section of any future federal tax code, of | s throug vities as ets shall |
| As provi | ded for in the bylaws | | | |
| | itic: <u>Kelsey lurato</u> 3817 W. Humphrey St. | Name and Title: | | |
| Address: | 3817 W. Humphrey St. | Address: | ······································ | |
| | Suite 205A Tampa, FI 33614 | | · · · · · · · · · · · · · · · · · · · | |
| | | | | |
| Name and T | itle:Joy lurato 3817 W. Humphrey St. | Name and Title: | | |
| Aduless. | Suite 205A | | | |
| | Suite 205A Tampa, Fl 33614 | | | |
| Name and T | | Name and Title: | | |
| Address: | itle:Morgan lurato 3817 W. Humphrey St. | Address: | | |
| | Suite 205A | | | |
| | Tampa, Fl 33614 | | | |
| ARTICLE VI | REGISTERED AGENT | | | |
| The <u>name and Flo</u> Name: | rida street address (P.O. Box NOT acceptable Kelsey lurato | e) of the registered agent is: | | |
| Address: | 3817 W. Humphrey St. | · | | |
| | Suite 205A | | | CR.S |
| | Tampa, Fl 33614 | | | Marine . |
| ARTICLE VII | INCORPORATOR | | 29 | Garage 1 |
| | lress of the Incorporator is: | | | Jar. P. |
| Name: Address: | Kelsey lurato 3817 W. Humphrey St. | · · | 273 | - Carren |
| Addicss. | Suite 205A | | 9: 9 | Stag a |
| | Tampa, Fl 33614 | | | |
| | ed as registered agent to accept service of pu miliar with and accept the appointment as regi | | n this capacity | ed in |
| certificate, I am fa | | | 7/25/11 | |
| certificate, I am fa | Des Clyex | <u></u> | | |
| certificate, I am fa | Required Signature of Registered Ages | nt . | Date | |
| I submit this docu | Required Signature of Registered Ages ment and affirm that the facts stated herein as of State constitutes of third degree felony as pro | re true. I am aware that any fa | Date | locum |
| I submit this docu | ment and affirm that the facts stated herein a | re true. I am aware that any fa | Date | locum |