## N1500005926

(Requestor's Name)					
(Address)					
(Ad	dress)				
(Cit	ty/State/Zip/Phone	#)			
PICK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer:					



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Office Use Only

W15-27BD

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## **COVER LETTER**

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

SUBJECT: The Senior Center of Pasco Pinellas 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: TRIS Acevedo
Name (Printed or typed)

1016 STONEFENCE WAY

Tarpon Springs, FL 34689 City, Statele Zip

<u>iris ocaptainmike fla-Com</u> E-mail address: (to be used for future annual report notification)

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



April 20, 2015

IRIS ACEVEDO 1016 STONEFENCE WAY TARPON SPRINGS, FL 34689

SUBJECT: THE SENIOR CENTER OF PASCO PINELLAS INC.

Ref. Number: W15000027430

We have received your document for THE SENIOR CENTER OF PASCO PINELLAS INC and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Maryanne Dickey Regulatory Specialist II New Filing Section

Letter Number: 015A00007837

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

ARTICLE I NAME The name of the corporation shall be:	Senior Center	of Pasco Pinellas Inc.	72
ARTICLE II PRINCIPAL OFFICE			AH 11: 38
Principal street address: 1016 Stonefence Way		Mailing address, if different is:	.38
Tarpon Springs, F	1. 34689		
(private add until buildi	ng obtained)		
ARTICLE III PURPOSE  The purpose for which the corporation is org their quality of life, to help ou	anized is:	rty, support their independence & enhan	ce
We will provide Physical The	rapy, arts & crafts,	dancing, music, cooking, bing	 30,
hot lunch, transportation	on to & from ho	me, also MD appointm	ents,
Social workers for com	nmunity resource	es, meals on wheels	· · · · · · · · · · · · · · · · · · ·
ARTICLE V INITIAL OFFICERS  Name and Title: Philip Ferranto  4837 Bartelt Po	AND/OR DIRECTORS  Name and Title	he directors are elected and appointed: Every  e: Jackie Youakim  1524 Roundtree Road	three (3) years
Holiday, Fl.346	Address:	Holiday, Fl. 34690	
Tiwanna Youn  Address  Address  Holiday, Fl.346  Name and Title: Marsha Evans	Mame and Titl  Drive Address:	Adam Felicies 2332 Clubside Court #1413 Palm Harbor, Fl. 34683	
Address 1410 Club Driv		V	
Tarpon Springs, Fl.	Address.		

Name and Title:_	Name	and Title:	<u></u>	
Address	Addr	ess:		
Name and Title: Address	Name Addre			
ARTICLE VI The name and Fle	REGISTERED AGENT  orida street address (P.O. Box NOT acceptable)	of the registered agent is:	15 JUH 12	
Name:	Iris Acevedo 1016 Stonefence Way			
Address:	Tarpon Springs, Fl. 34689	_	2 AM II. 30	
ARTICLE VII	INCORPORATOR		<b>三</b> か	<b></b>
The name and ad	tress of the Incorporator is:			
Name:	Iris Acevedo	_		
Address:	1016 Stonefence Way	_		
	Tarpon Springs, Fl. 34689	_		
	ed as registered agent to accept service of proc miliar with and accept the appointment as registe			nated in this
	1h_		6-9-15	
<del></del>	Required Signature of Registered Agent		Date	
I submit this docu to the Department	ment and affirm that the facts stated herein are to of State constitutes a third degree felony as provi	rue. I am aware that any fals ded for in s.817.155, F.S.	e information submitted in	ı a document
	Va	,	6-9-15	
	Required Signature of Incorporator		Date	