

N16000006556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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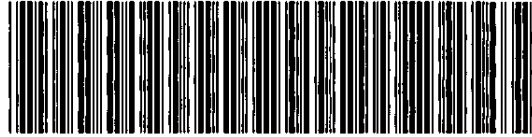
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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## COVER LETTER

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

**SUBJECT:** UV Senior Life Care Foundation, 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:** Marvin Weathers

\_\_\_\_\_  
Name (Printed or typed)

12401 North 22nd Street

*1 Apt G404*  
\_\_\_\_\_  
Address

Tampa, FL 33612

\_\_\_\_\_  
City, State & Zip

813-975-5272

\_\_\_\_\_  
Daytime Telephone number

marvinwea@gmail.com

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

**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: UV Senior Life Care Foundation, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address:

12401 North 22nd Street

Tampa, FL 33612

Mailing address, if different is \_\_\_\_\_

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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide the best quality care and a sense of security to those seniors  
we serve.

The Corporation is organized exclusively for charitable, religious, educational and scientific purposes, including for such  
purposes, the making of distributions to organizations that qualify as an exempt organization under section 501(c)(3) of the  
Internal Revenue Code, or the corresponding section of any future federal tax code.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_  
As set forth in the bylaws

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

Name and Title: Ray Shulstad, President

Address: 12401 North 22nd Street

Tampa, FL 33612

Name and Title: Mickey Castor, Secretary

Address: 12401 North 22nd Street

Tampa, FL 33612

Name and Title: Denis Johnson, Treasurer

Address: 12401 North 22nd Street

Tampa, FL 33612

Name and Title: Kay Bates, Director

Address: 12401 North 22nd Street

Tampa, FL 33612

Name and Title: Steve Miller, Director

Address: 12401 North 22nd Street

Tampa, FL 33612

Name and Title: Mel Tockman, Director

Address: 12401 North 22nd Street

Tampa, FL 33612

Name and Title: Walt Sickles, Director

Address: 12401 North 22nd Street  
Tampa, FL 33612

Name and Title: Ray Burrus, Director

Address: 12401 North 22nd Street  
Tampa, FL 33612

Name and Title: Ed Nesman, Director

Address: 12401 North 22nd Street  
Tampa, FL 33612

Name and Title: Marvin Weathers, Director

Address: 12401 North 22nd Street  
Tampa, FL 33612

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Marvin Weathers

Address: 12401 North 22nd Street  
Tampa, FL 33612

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TALLAHASSEE FLORIDA

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Marvin Weathers

Address: 12401 North 22nd Street  
Tampa, FL 33612

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Marvin Weathers  
Required Signature of Registered Agent

June 29, 2016  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Marvin Weathers  
Required Signature of Incorporator

June 29, 2016  
Date