

NA3000008077

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

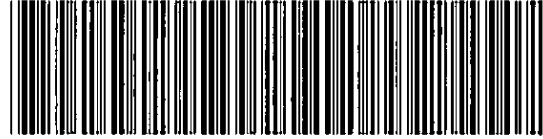
(Document Number)

Certified Copies \_\_\_\_\_

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*Handwritten signature/initials*

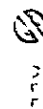
07/06/23--01001--018 \*78.75

**FILED**

2023 JUL -6 AM 10:04

SECRETARY OF STATE  
TALLAHASSEE, FL

2023 JUL -6 AM 10:52



## COVER LETTER

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

SUBJECT: Seniority Solution 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: BERNikia Wright  
Name (Printed or typed)

402 Colade Road  
Address

Havana Florida 32333  
City, State & Zip

850 644-2280  
Daytime Telephone number

BERNIKIA@yahoo.com  
E-mail address: (to be used for future annual report notification)

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2023 JUL -6 AM 10:03  
SECRETARY OF STATE  
TALLAHASSEE, FL

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: Seniority Solution Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

402 Glade Road  
Havana, FL 32333

Mailing address, if different is:

Same

**ARTICLE III PURPOSE \***

The purpose for which the corporation is organized is: TO Assist Seniors in the  
community with Medical supplies

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed

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

Name and Title: Bernikia Wright (P) Name and Title: \_\_\_\_\_

Address: 402 Glade Rd Havana Address: \_\_\_\_\_  
FL 32333

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

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2023 JUL -6 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

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

Name: Bernikia Wright

Address: 402 Colade Rd  
Havana FL 32333

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: BERNIKIA WRIGHT

Address: 402 Colade Rd  
Havana, FL 32333

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2023 JUL -6 AM 10:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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 days prior or 90 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*

Bernikia Wright

Required Signature of Registered Agent

7-6-23

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.*

Bernikia Wright

Required Signature of Incorporator

7-6-23

Date