

# **SeniorCare Companions**

January 28,2000

Dept. of State **Division of Corporations** P.O. Box 6327 Tallahassee, Fl. 32314

\*\*\*\*\*78.75 \*\*\*\*\*78.75

To Whom It May Concern,

Please find enclosed the completed Articles of Incorporation for SeniorCare Companions, Inc. for your approval and the fee for such action.

If you have any questions or concerns, I can be reached by telephone at 727/367-8887.

Thank you for your attention to this matter.

Sincerely,

SeniorCare Companions

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#### ARTICLES OF INCORPORATION

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OF

#### SENIORCARE COMPANIONS, INC.

The undersigned subscriber to these Articles of Incorporation hereby forms a Corporation for profit under the laws of the State of Florida.

#### <u>ARTICLE I – NAME</u>

The name of the Corporation shall be:

SENIORCARE COMPANIONS, INC.

# <u>ARTICLE II – ADDRESS</u>

The corporate/principal address of the corporation shall be:

525 Plaza Seville Court. #50 Treasure Island, Fl. 33706

#### **ARTICLE III – DURATION**

This Corporation shall have a perpetual existence.

#### **ARTICLE IV – PURPOSES**

The general character of nature of the business to be transacted by this Corporation is to do any and all legal acts as permitted under the laws of the United States and Florida.

# <u>ARTICLE V – CAPITAL STOCK</u>

The maximum number of shares of stock that this Corporation is authorized to have outstanding at any time is 10,000 shares of voting common stock, each having the par value of \$1.00.

# <u>ARTICLE VI - NAME AND ADDRESS OF INITIAL REGISTERED AGENT</u>

The name and address of its initial Registered Agent is

NAME

ADDRESS

Pamela A. Collins

525 Plaza Seville Court #50 Treasure Island, Fl. 33706

## <u>ARTICLE VII – INCORPORATORS</u>

The name and addresses of the persons signing these Articles of Incorporation are:

NAME

**ADDRESS** 

Pamela A. Collins

525 Plaza Seville Court #50 Treasure Island, Fl. 33706

### <u>ARTICLE VIII – DATE OF COMMENCEMENT</u>

The date of commencement of corporation existence to commence upon the filing of the Articles herein by the Department of State.

IN WITNESS THEREOF, the undersigned subscriber has executed these Articles of Incorporation this \_\_\_\_\_\_ day of January, 2000.

PAMELA A. COLLINS, Incorporator

# STATE OF FLORIDA COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared PAMELA A. COLLINS, who is personally known to me, and did take an oath, and acknowledged to me that he executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State of Florida and County aforesaid, this day of January, 2000.

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

DEBORAH LOU SMART
MY COMMISSION # CC 544219
EXPIRES: Merch 31, 2000
Bonded Thru Notary Public Underwriters

My Commission expires:

# **DEPARTMENT OF STATE**

Certificate designating place of business pr dpmicile for the Service of Process within this State, Naming Agent upon whom Process may be served.

The following is submitted in compliance with Chapter 48.090, Florida Statues:

SENIORCARE COMPANIONS, INC., a corporation organized (or organizing) under the laws of the State of Florida with its principal office at 525 Plaza Seville Ct. #50, Treasure Island, Pinellas County, Florida, 33706, has named PAMELA A. COLLINS of 525 Plaza Seville Ct. #50, Treasure Island, Pinellas County, Florida, 33706, as its agent to accept service of process within the State.

#### **ACCEPTANCE**

I agree as Registered Agent to accept Service of Process; to keep the office at the designated address open during prescribed hours; and to post my name (and that of any other officers of said corporation authorized to accept service of process at the above Florida designated address) in some conspicuous place in the office as required by law.

Registered Agent
PAMELA A. COLLINS

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STATE OF FLORIDA COUNTY OF PINELLAS

Before me personally appeared PAMELA A. COLLINS, who, being personally known to me, and who did take oath, deposes and says that he executed the foregoing instrument for the purposes expressed therein.

SWORN TO and subscribed before me this & day of January, 2000.

NOTARY PUBLIC

STATE OF FLORIDA AT LARGE

My commission expires:

