

TRANSMITTAL LETTER

PO1000016644

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

FILED
01 FEB 12 AM 9:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Florida Senior Placement
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

~~200003674142~~ -- 7
-02/12/01--01062--007
*****87.50 *****87.50

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 of
Status

ADDITIONAL COPY REQUIRED

FROM:

Denise Swift

Name (Printed or typed)

20050 NW 5th Street

Address

Pembroke Pines, Florida 33029

City, State & Zip

954-431-9353

Daytime Telephone number

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

21
2-14-01

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Florida Senior Placement, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

20050 NW 5th Street, Pembroke Pines, FL
33029

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

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ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Denise Swift
20050 NW 5th Street
Pembroke Pines, Florida 33029

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Denise Swift
20050 NW 5th Street
Pembroke Pines, Florida 33029

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

Denise Swift
Signature/Registered Agent

2/6/01
Date

Denise Swift
Signature/Incorporator

2/6/01
Date