

PD3000041536

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

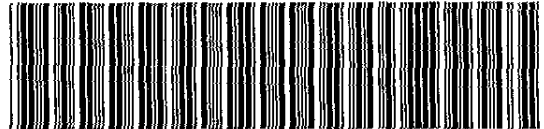
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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bm 4/14

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

WALK IN

PICK UP 4-11-03 Kelly

☒ CERTIFIED COPY _____ CUS _____

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1.) Floridan Senior Living, Inc.
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

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:

Floridan Senior Living, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

501 E Kennedy Blvd Tampa FL 33602
Suite 1200

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Development And management of Senior Living Facilities

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Donald A Regan Pres
John Hagan Ex U.P.
James J. Cusack Asst Secy

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TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

James J. Cusack
501 E Kennedy Blvd
Tampa FL 33602 Suite 1200

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

James J Cusack
501 E. Kennedy Blvd, Suite 1200
TAMPA, FL 33602

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

Signature/Registered Agent

Date

Signature/Incorporator

Date