

P04000029141

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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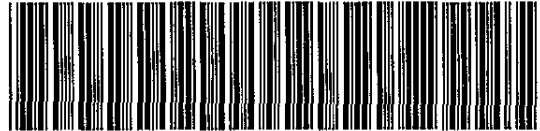
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓

3-2-13

## TRANSMITTAL LETTER

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

SUBJECT: Senior Secretaries, 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      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM:

Lori Pearson-Wise  
Name (Printed or typed)

166 Lookout Place Suite 201  
Address

Maitland, Fl 32751  
City, State & Zip

407-599-5911  
Daytime Telephone number

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

**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:

Senior Secretaries, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

166 Lookout Place Suite 201  
Maitland, FL 32751

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Service to senior citizens

**ARTICLE IV SHARES**

The number of shares of stock is:

500

**ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)**

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

Lori Pearson-Wise, President

**ARTICLE VI REGISTERED AGENT**

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

Lori Pearson-Wise  
166 Lookout Place Suite 201  
Maitland, FL 32751

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Lori Pearson-Wise  
166 Lookout Place Suite 201  
Maitland, FL 32751

\*\*\*\*\*  
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

FILED  
04 FEB -5 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA