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COVER LETTER

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

SUBJECT: FlorIBA DENIORS LEA	gue, LNC.	,
(PROPOSED CORPORA	TE NAME!- MUST INCL	UDE SUFFIX)
Enclosed are an original and one (1) copy of the arti	cles of incorporation and	l a check for:
\$70.00 \$78.75	□ \$78.75	5 \$87.50
Filing Fee Filing Fee	Filing Fee	Filing Fee,
& Certificate of Status	& Certified Copy	Certified Copy & Certificate of
		Status
	ADDITIONAL CO	PY REQUIRED
		
FROM: Bruce TFISher		
FROM: Dryce 1 7/3 net	(Printed or typed)	
	, , ,	
· 11121 Harbour	springs Cincle	<u> </u>
, ,	Audress	
A Pode MI	331170	
BOCABATON FIL	33428. State & Zip	
561-852-49	38	
Daytime T	elephone 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:	
Florion Seviors League, Inc.	
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:	
man Hanbourspringschiele. BoenRaton, FL. 33428	OS I
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	FILE OCT 16 LLAHASSE
For any legal purpose.	FILED 116 MM 8: 14 MSSEF, FLORIDA
ARTICLE IV SHARES	
The number of shares of stock is:	
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS	
List name(s), address(es) and specific title(s):	PatroFL 33408Pro sino 21
Bruce I Fisher 11121 HARboursprings living, with	27 - Vice for ion
List name(s), address(es) and specific title(s): Bruce I Fisher 11121 HARGOURS PRINGS FINITE, BOCAR RUDY STRAUSS-8502 NW 21 of Court, SUNRISE FL 333 JANESTRAUSS-8502 NW 21 of Court, SUNRISE FL 333 Charlene Fisher-11121 HARGOURS PRINGSK, ricle, BOCA	32 - Secretary
CL. lema Fisher 11121 HANGOUNSANIASKINILE BOCA	RAYON FL 33408 Treasure
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acceptable) of the registe	red agent is:
Charlen eFisher_11171 Harbour Springs	e l'Inde
Charlen e Fisher 11121 Harbour Springer Boca Raton, FL 33428	
ARTICLE VII INCORPORATOR	
The <u>name and address</u> of the Incorporator is:	•
Bruce I Fisher 11121 Harbour Spring Scircle	
. Deca Ratarith 33428	********
Having been named as registered agent to accept service of process for the above stated corpo certificate, I am familiar with and accept the appointment as registered agent and agree to act in	
Charlene Eisher	10/10/06
Signature/Registered Agent	Date
Signature/Incorporator	/O//0/O6 Date
organico moorporator	Date