

P 090000001315

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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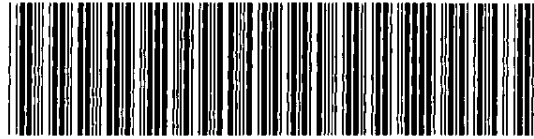
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/15/08--01025--006 **70.00

Effective Date

01-01-09

FILED
09 JAN -7 AM 11:49
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

W08-55737

G. McKnight JAN 08 2009

COVER LETTER

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

SUBJECT: SeniorFriend, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Joseph P. Matarazzo Jr.

Name (Printed or typed)

104 View Point Place

Address

Winter Springs, Florida 32708

City, State & Zip

407-467-8100

Daytime Telephone number

NOTE: Please provide the original &



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 16, 2008

JOSEPH P MATARAZZO JR
104 VIEW POINT PLACE
WINTER SPRINGS, FL 32708

SUBJECT: SENIORFRIEND, INC.
Ref. Number: W08000055737

We have received your document for SENIORFRIEND, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight
Regulatory Specialist II
New Filing Section

Letter Number: 008A00060605

RECEIVED
DEPARTMENT OF STATE
09 JAN - 7 PM 12:48

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:

SeniorFriend, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

104 VIEW POINT PLACE
WINTER SPRINGS, FL 32708

Effective Date

01-01-09

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Help senior citizens live happily and independently in their own home.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Joseph P. Matarazzo Jr., 104 View Point Place, Winter Springs, FL 32708 - President, Secretary and Treasurer
Carol W. Matarazzo, 104 View Point Place, Winter Springs, FL 32708 - Vice-President

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Joseph P. Matarazzo Jr., 104 View Point Place, Winter Springs, FL 32708

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Joseph P. Matarazzo Jr., 104 View Point Place, Winter Springs, FL 32708

ARTICLE VIII EFFECTIVE DATE

The effective date of the corporation is: January 1, 2009

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 JOSEPH P. MATARAZZO, JR.

Date

12/11/08

Signature/Incorporator

JOSEPH P. MATARAZZO, JR.

Date

12/11/08

FILED
09 JAN -7 AM 11:49
CLERK OF STATE
TALLAHASSEE, FLORIDA