

P110000034659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

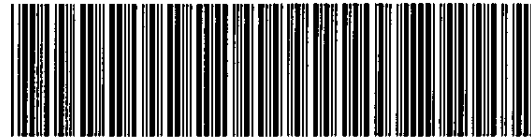
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Anabel Romero GAVE
AUTHORIZATION BY PHONE TO
CORRECT *Article I & V*
DATE *4/8/11*
DOC. EXAM *1 MP*

Office Use Only



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04/04/11--01045--005 **87.50

FILED
11 APR - 8 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-19187

MD 4/8

COVER LETTER

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

SUBJECT: S.O.S senior outreach services 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: ANABEL ROMERO

Name (Printed or typed)

1218 CRIMSON AVE

Address

NORTHPORT, FL. 34288

City, State & Zip

941 564-9122

Daytime Telephone number

sos4seniors@yahoo.com

E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 6, 2011

ANABEL ROMERO
12185 CRIMSON AVE
NORTHPORT, FL 34288

SUBJECT: S. O. S. SENIOR OUTREACH SERVICES INC.
Ref. Number: W11000019187

We have received your document for S. O. S. SENIOR OUTREACH SERVICES INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Remove the acronym (S.O.S.) from the Corporate name.

Complete the address (city, state, zip code) for the Secretary.

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) 245-6921.

Maryanne Dickey
Regulatory Specialist II Supervisor
New Filing Section

Letter Number: 411A00008250

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 outreach services inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

1218 crimson ave

north port fl. 34288

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

new bussiness

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Anabel Romero Doria - president

Address: 2239 amnesty dr

north port, fl. 34288

Name and Title: _____

Address: _____

Name and Title: Jessica I. Ternes- secretary

Address: 1055 PROWESS CT

North Port, FL 34288

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Kathleen Romero

Address: 2239 amnesty dr

north port, fl. 34288

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: anabel romero

Address: 2239 amnesty dr

north port, fl. 34288

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

Kathleen Romero

Required Signature/Registered Agent

3/30/2011

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

[Signature]

Required Signature/Incorporator

3/30/2011

Date

FILED
11 APR - 8 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA