

P13 0000036516

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

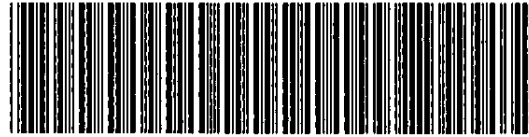
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W13-20748

Office Use Only



800246440668

04/08/13--01025--001 **87.50

FILED
13 APR 22 PM 1:25
SECRETARY OF STATE
TALLAHASSEE FLORIDA

11/4

COVER LETTER

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

SUBJECT: Senior Resource of Sarasota, 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: Maureen Szakacs

Name (Printed or typed)

1533 Eastbrook Drive

Address

Sarasota, FL 34231

City, State & Zip

941-284-6676

Daytime Telephone number

mszakacs@casinc.org

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 9, 2013

MAUREEN SZAKACS
1533 EASTBROOK DRIVE
SARASOTA, FL 34231

SUBJECT: SENIOR RESOURCE OF SARASOTA, INC.
Ref. Number: W13000020748

We have received your document for SENIOR RESOURCE OF SARASOTA, 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):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 813A00008383

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED

ARTICLE I NAME

The name of the corporation shall be:

Senior Resource of Sarasota, Inc.

13 APR 22 PM 1:25

ARTICLE II PRINCIPAL OFFICE

Principal street address

1533 Eastbrook Drive

Sarasota, FL 34231

Attn: Maureen Szakacs, Treasurer

Mailing address
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist the senior population of Sarasota County

with all of their needs by utilizing the resources of our
corporation.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Ed Laake, President

Address

1533 Eastbrook Drive
Sarasota, FL 34231

Name and Title:

Peter Baxter, VP

Address:

1533 Eastbrook Dr.
Sarasota, FL 34231

Name and Title:

Maureen Szakacs, Treasurer

Address

1533 Eastbrook Dr.
Sarasota, FL 34231

Name and Title:

Roni Antenucci, Sec.

Address:

1533 Eastbrook Dr.
Sarasota, FL 34231

Name and Title:

Address

Name and Title:

Address:

(cont.)

FILED

Name and Title: _____ Name and Title: 13 APR 22 PM 1:25
Address: _____ Address: SECRETARY OF STATE

_____ TALLAHASSEE FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Maureen Szakacs
Address: 1533 Eastbrook Dr.
Sarasota, FL 34231

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Maureen Szakacs, Treasurer
Address: 1533 Eastbrook Dr.
Sarasota, FL 34231

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

MSzakacs 4/16/13
Required Signature/Registered Agent 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.

Maureen Szakacs 3/25/13
Required Signature/Incorporator Date