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13 OCT -4 AM 9:50
DIVISION OF CORPORATIONS

82 10.7.13



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 834861 4304417

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 70.00

ORDER DATE : October 4, 2013

ORDER TIME : 11:28 AM

ORDER NO. : 834861-005

CUSTOMER NO: 4304417

DOMESTIC FILING

NAME: SEASONS HOSPICE & PALLIATIVE
CARE OF BROWARD FLORIDA, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
 ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 52951

EXAMINER'S INITIALS: _____

COVER LETTER

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

SUBJECT: Seasons Hospice & Palliative Care of Broward Florida, 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 ☐ \$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: Connie Hyun

Name (Printed or typed)

c/o Much Shelist, 191 N Wacker Drive, Suite 1800

Address

Chicago, IL 60606

City, State & Zip

312-521-2441

Daytime Telephone number

byancy@muchshelist.com

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

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT -4 AM 9:50

ARTICLE I NAME: Seasons Hospice & Palliative Care of Broward Florida, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5200 Northeast Second Avenue

3rd Floor Stein Building

Miami Fl 33137-2706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: any and all lawful business.

ARTICLE IV SHARES: 10,000 Common no par value
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Todd Stern, President

Name and Title: Todd Stern, Director

Address: 6400 Shafer Court, Suite 700
Rosemont, IL 60018

Address: 6400 Shafer Court, Suite 700
Rosemont, IL 60018

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(cont.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Corporation Service Company
Address: 1201 Hays Street
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Connie Hyun
Address: 191 N. Wacker Dr., Suite 1800
Chicago, IL 60606

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
Corporation Service Company

By: Carina L. Dunlap Carina L. Dunlap 10/4/13
Required Signature/Registered Agent Asst. Vice President 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.

Connie Hyun 10/4/13
Required Signature/Incorporator Date