Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC

Account Number: 075350000353

Phone : (800)221-2972 Fax Number : (888)692-9256

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Rmail Address:

FLORIDA PROFIT/NON PROFIT CORPORATION SENIORS HOME SWEET HOME CORP.

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Help 2/6/2014

https://efile.sunbiz.org/scripts/efilcovr.exe

From: 52/06/2014 11:02 FAX

₩0002/0003

dest A		
	ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)	
ARTICLE I NAI	Etion shall be: SENIORS HOME	SWEET HOME CORP.
ARTICLE II PRI	NCIPAL OFFICE Principal <u>street</u> address	Mailing address, if different is:
10404 TRIAN	ON PLACE	10404 TRIANON PLACE
WELLINGTO	N FL, 33467	WELLINGTON FL, 33467
ARTICLE III PUR The purpose for which t Which corpora	POSE the corporation is organized in: to enga	ge in any lawful act or activity for
		· · · · · · · · · · · · · · · · · · ·
		•
	NRES HOCK IX. 1,000 HAL OFFICERS AND/OR DIRECTOR JODY ASHTON/DIRECTOR	
	549 W MELROSE CIRCLE	
Address	FORT LAUDERDALE, FL 33312	

Name and Title		Name and Title:
Address	,	Address:
Name and Title		Name and Title:
Address		Address:

From: 02/06/2014 11:02 PAX 02/20/2014 10:39

#484 P.003/003

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2014 11:02	PAX	<u>ag</u> 000370003
		(conti.)
	and Title:	Name and Title:
Addre	<u></u>	Address:
ARTICLE VI The page and	REGISTERED AGENT Florida street address (P.O. Box NOT acceptable) of JODY ASHTON	f the registered agent is:
Address:	10404 TRIANON PLACE	•
	WELLINGTON FL 33467	•
<u>ARTICLE VI</u>	INCORPORATOR	•
The name and	address of the Incorporator is:	
Name:	JODY ASHTON	
Address:	10404 TRIANON PLACE	
	WELLINGTON FL 33467	•
Having been no this certificate,	amed as registered agent to accept service of process I am familiar with and occept due appointment as rej	for the above stated corporation at the place designated in intered agent and agree to act in this capacity
Ardel	Ashfra	2-6-14
110	Required Signature/Registered Agent	Date
I submit this de	ocument and affirm that the facts stated herein are e Department of State constitutes a third degree felon	true. I am aware that the false beformation submitted in a v as provided for in s.817.155, F.S.
And .	Alto.	
HARY.	Peguired Signature/Incorporator	2-6-14 Date