

PH000028163

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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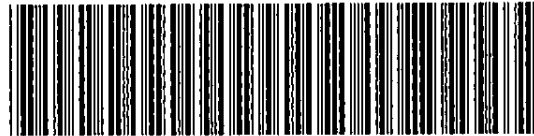
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 074919 4304417

AUTHORIZATION :

COST LIMIT : \$ 70.00

ORDER DATE : March 28, 2014

ORDER TIME : 12:29 PM

ORDER NO. : 074919-005

CUSTOMER NO: 4304417

DOMESTIC FILING

NAME: SEASONS HOSPICE & PALLIATIVE
CARE OF TAMPA, 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: Susie Knight - EXT. 52956

EXAMINER'S INITIALS: _____

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: Seasons Hospice & Palliative Care of Tampa, Inc.

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

Common Voting: 200 shares, no par value

The number of shares of stock is: Common Non-Voting: 800 shares, no par value

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: Todd Stern, Secretary

Name and Title: _____

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

Address: _____

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE FLORIDA

(conti.)

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

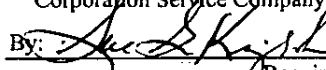
The name and address of the Incorporator is:

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

By:  Sue G. Knight

Required Signature/Registered Agent Assistant Vice President

3/28/14
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.



Required Signature/Incorporator

3/28/14
Date

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