

P 15000031860

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

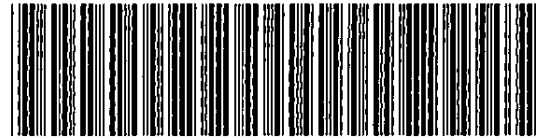
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

126 4/9/15

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 580283 4304417

AUTHORIZATION :

COST LIMIT : \$70.00

ORDER DATE : April 7, 2015

ORDER TIME : 9:30 AM

ORDER NO. : 580283-010

CUSTOMER NO: 4304417

DOMESTIC FILING

NAME: SEASONS HOSPICE & PALLIATIVE  
CARE OF PINELLAS COUNTY  
HOLDINGS, 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: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Seasons Hospice & Palliative Care of Pinellas County Holdings, 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:** Bonnie Yancy  
\_\_\_\_\_  
Name (Printed or typed)  
  
Much Shelist, P.C., 191 N Wacker Drive, Suite 1800  
\_\_\_\_\_  
Address  
  
Chicago, IL 60606  
\_\_\_\_\_  
City, State & Zip  
  
312-521-2184  
\_\_\_\_\_  
Daytime Telephone number  
  
byancy@muchshelist.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

**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)

**ARTICLE I NAME**

The name of the corporation shall be: Seasons Hospice & Palliative Care of Pinellas County Holdings, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

5200 Northeast Second Avenue

3rd Floor Stein Building

Miami, FL 33137

Mailing address, if different is:

5200 Northeast Second Avenue

3rd Floor Stein Building

Miami, FL 33137

**ARTICLE III PURPOSE**

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

**ARTICLE IV SHARES** Common Voting: 2,000 shares, no par value  
The number of shares of stock is: Common Non-Voting: 8,000 shares, no par value

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Todd Stern, President

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

Name and Title: Todd Stern, Director

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

Name and Title: Todd Stern, Secretary

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

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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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 Ste 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: *Marcia Stone* 4-7-2015  
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.*

*Connie Hyun* ~~4/7/2015~~ 4/7/2015  
Required Signature/Incorporator Date

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