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COVER LETTER

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

SUBJECT: **TRAVERSE SENIOR PLACEMENT 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: **ROXANNE EDWARDS**

Name (Printed or typed)

1876 N UNIVERSITY DRIVE SUITE 86

Address

TAMARAC, FL 33321

City, State & Zip

954 918-8810

Daytime Telephone number

TRAVERSSSENIORPLACEMENT@GMAIL.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)

ARTICLE I NAME

The name of the corporation shall be: **TRAVERS SENIOR PLACEMENT INC**

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1876 N UNIVERSITY DRIVE SUITE 86
TAMARAC, FL 33321

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **TO CONDUCT ALL LEGAL BUSINESS IN THE STATE**

ARTICLE IV SHARES

The number of shares of stock is: **10**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **ROXANNE EDWARDS-PRESIDENT, SECRETARY, TREASURER**

Address **1876 N UNIVERSITY DR SUITE 86**
TAMARAC, FL 33321

Name and Title: _____

Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF CIRCUIT COURT
OF TAMPA COUNTY, FLORIDA

(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: ROXANNE EDWARDS
Address: 1876 N UNIVERSITY DRIVE STE 86
TAMARAC, FL 33321

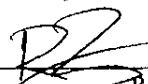
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: ROXANNE EDWARDS
Address: 1876 N UNIVERSITY DRIVE STE 86
TAMARAC, FL 33321

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SECRETARY OF STATE
TAMARAC, FL 33321

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


Required Signature/Registered Agent

3/31/2015
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

3/31/2015
Date