(Requestor's Name)				
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : 12000000195
REFERENCE: 801554 7446817
AUTHORIZATION : Smelle le man
COST LIMIT : 4\$\frac{1}{28.75}
ORDER DATE : September 29, 2015
ORDER TIME : 3:22 PM
ORDER NO. : 801554-005
CUSTOMER NO: 7446817
DOMESTIC FILING
DOMESTIC FILING  NAME: MOVE SENIORS LOVINGLY NAPLES INC.
NAME: MOVE SENIORS LOVINGLY NAPLES
NAME: MOVE SENIORS LOVINGLY NAPLES INC.
NAME: MOVE SENIORS LOVINGLY NAPLES INC.  EFFECTIVE DATE:  XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP
NAME: MOVE SENIORS LOVINGLY NAPLES INC.  EFFECTIVE DATE:  XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION

EXAMINER'S INITIALS:

## **COVER LETTER**

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

SUBJECT: Move	Seniors Lovingly Naples Inc.		
	(PROPOSED CORPORAT	TE NAME – MUST INCL	UDE SUFFIX)
Enclosed are an or	riginal and one (1) copy of the artic	cles of incorporation and	d a check for:
☐ \$70.00 Filing Fee	· · · · · · · · · · · · · · · · · · ·	□ \$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status
		ADDITIONAL CO	PY REQUIRED
FROM:	Cumming & Partners LLP  Name	(Printed or typed)	
2	St. Clair Avenue East, Suite 901		
	A	ddress	
Ţ	Foronto, Ontario M4T 2T5		
-	City,	State & Zip	
1	-800-523-2581		
_	Daytime Te	elephone number	
b	salnek@outlook.com		
<del></del>	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

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)  RTICLE I NAME the name of the corporation shall be:  Move Seniors Lovingly Naples Inc.  Mailing address, if different is:  Any lawful business purpose  RTICLE III PURPOSE the purpose for which the corporation is organized is:  Any lawful business purpose  RTICLE IV SHARES the number of shares of stock is:  100 without par value  RTICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Address  Name and Title:  Address:  Address:  Address:  Address:  Address:  Address:  Address:			
ite No. 24, Enclave Executive Center  I Goodlette Road N., Building D, Naples, FL 34102  ETICLE III PURPOSE  te purpose for which the corporation is organized is:  Any lawful business purpose  Any lawful business purpose  e purpose for which the corporation is organized is:  Any lawful business purpose  Any lawful business purpose  ETICLE IV SHARES  e number of shares of stock is:  ETICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Brian Salnek (DIRECTOR) Name and Title:  Address  Suite No. 24, Enclave Executive Center  501 Goodlette Road N., Building D  Naples, FL 34102  Name and Title:	پرخانی,		• • •
ite No. 24, Enclave Executive Center  I Goodlette Road N., Building D, Naples, FL 34102  TICLE III PURPOSE  2 purpose for which the corporation is organized is:  Any lawful business purpose  TICLE IV SHARES 2 number of shares of stock is:  TICLE V INITIAL OFFICERS AND/OR DIRECTORS  Name and Title:  Brian Salnek (DIRECTOR) Name and Title:  Suite No. 24, Enclave Executive Center Address:  501 Goodlette Road N., Building D  Naples, FL 34102  Name and Title:	LES OF INCORPORATION  Chapter 607 and/or Chapter 621, F.S. (Profit)		
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/Marcos	RECTORS  OR)  Name and Title:  Dutive Center  Address:  Address:  Name and Title:  Address:	Erian Salnek (DIRECTOR) Suite No. 24, Enclave Executive Consults of Solid Goodlette Road N., Building Naples, FL 34102	e number of shares of shares of shares of shares of shares and Title Address  Name and Title: Address

Name a	nd Title:	Name and Title:	
Addres	s	Address:	
		<del> </del>	
		handring and the second	
	REGISTERED AGENT		
	<u>Florida street address</u> (P.O. Box NOT acceptable) of Corporation Service Company	the registered agent is:	
Name:	1201 Hays Street		
Address:	Tallahassee, FL 32301		
ARTICLE VII	INCORPORATOR		
The name and a	ddress of the Incorporator is:		
Name:	T. Andrew Cumming		
Address:	2. St. Clair Avenue East, Suite 901		
	Toronto, Ontario M4T 2T5		
ARTICLE VIII	EFFECTIVE DATE:	(00000000000000000000000000000000000000	
Effective date, i	f other than the date of filing:	(OPTIONAL) be more than five busines	ss davs nrior or 90 business
days after the f		De more chan live busine.	is days prior or to business
Note: If the dat	e inserted in this block does not meet the applicable s	tatutory filing requirements	s, this date will not be listed as
	effective date on the Department of State's records.	, , ,	,
Havina been na	med as registered agent to accept service of process	for the above stated cornor	ation at the place designated in
this certificate, I	am familiar with and accept the appointment as regi	stered agent and agree to a	ct in this capacity
By:	7 1 3 1 1 1 O O O O	LI 10 y water	56 20 1S
Dy.	Required Signature/Registered Agent	Vice President	Date
I submit this do	cument and affirm that the facts stated herein are t	rue. I am aware that the fo	alse information submitted in a
	Department of State constitutes a third degree felony		
1	and		Sept. 29/2015
Requ	ired Signature/Incorporator		Date