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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

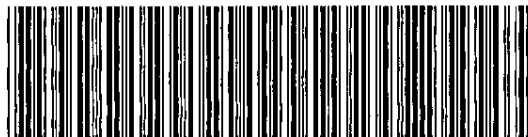
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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16 FEB 25 AM 10:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 25 2016  
T SCHROEDER

Robert G. Nix

Requester's Name

409 E. 7th Ave.

Address

Tallahassee, FL. 32303

City/State/Zip

Phone

850-339-8672

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Seniors Advocate  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)
5. \_\_\_\_\_  
(Corporation Name) (Document #)
6. \_\_\_\_\_  
(Corporation Name) (Document #)
7. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Pick up time \_\_\_\_\_

☐ Certified copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

## ARTICLES OF INCORPORATION

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation.

### ARTICLE I

The name of the corporation shall be:

**Seniors Advocate, Inc.**

### ARTICLE II

The principal place of business and mailing address of this corporation shall be:

**409 E. 7<sup>th</sup> Avenue  
Tallahassee, FL32303**

### ARTICLE III

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1000 Shares

### ARTICLE IV

The name and address of the initial registered agent is:

**Robert G. Nix  
409 E. 7<sup>th</sup> Avenue  
Tallahassee, FL32303**

### ARTICLE V

The name and street address of the incorporator to these Articles of Incorporation is:

**President\Director  
Robert G. Nix  
409 E. 7<sup>th</sup> Avenue  
Tallahassee, FL32303**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 FEB 25 AM 10:45

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The undersigned incorporator has executed these Articles of Incorporation this

24th day of February, 2016.

  
signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501 FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

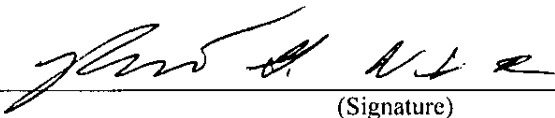
1. The name of the corporation is:

**Seniors Advocate, Inc.**

2. The name and address of the registered agent and office is:

**Robert G. Nix  
409 E. 7<sup>th</sup> Avenue  
Tallahassee, FL32303**

*Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent*

  
(Signature)

2-25-16  
(Date)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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