

P1800031282

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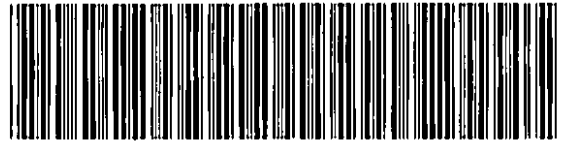
(Business Entity Name)

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SECURITY
FALL ARREST

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2018 APR -5 PM 1:59

SECURITY
FALL ARREST

M. MOON
APR 05 2018

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

ACCOUNT NO. : I20000000195

REFERENCE : 145262 4304417

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 70.00

ORDER DATE : April 3, 2018

ORDER TIME : 11:54 AM

ORDER NO. : 145262-010

CUSTOMER NO: 4304417

DOMESTIC FILING

NAME: SEASONS HOSPICE & PALLIATIVE
CARE OF PASCO COUNTY HOLDINGS,
INC.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION
☐ CERTIFICATE OF LIMITED PARTNERSHIP
☐ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY
☒ PLAIN STAMPED COPY
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

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18 APR -5 PM 4:12
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME Seasons Hospice & Palliative Care of Pasco County Holdings, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal <u>street</u> address	Mailing address, if different is:
<u>5200 Northeast Second Avenue, 3rd Floor</u>	_____
<u>Stein Building</u>	_____
<u>Miami, Florida 33137-2706</u>	_____

ARTICLE III PURPOSE Any and all lawful business.
The purpose for which the corporation is organized is: _____

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CLERK OF DISTRICT COURT
ALTAIR DISTRICT COURT

ARTICLE IV SHARES Common Voting: 2,000 Share, 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: <u>Todd Stern, President</u>	Name and Title: <u>Todd Stern, Director</u>
Address: <u>6400 Shafer Court, Suite 700</u>	Address: <u>6400 Shafer Court, Suite 700</u>
<u>Rosemont, Illinois 60018</u>	<u>Rosemont, Illinois 60018</u>
_____	_____

Name and Title: <u>Todd Stern, Secretary</u>	Name and Title: _____
Address: <u>6400 Shafer Court, Suite 700</u>	Address: _____
<u>Rosemont, Illinois 60018</u>	_____
_____	_____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____

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: Lakecia Stanford
Address: 191 N. Wacker Drive, Suite 1800
Chicago, Illinois 60606

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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: Roxanne Turner Roxanne Turner April 5, 2018
Corporation Service Company Asst. Vice President Date
Required Signature/Registered Agent

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.

Lakecia Stanford April 5, 2018
Required Signature/Incorporator Date

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SECRETARY OF STATE
TALLAHASSEE, FL 32301