

# P19000070005

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000274096 3)))



H190002740963ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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

## FLORIDA PROFIT/NON PROFIT CORPORATION

### Tamarac Seniors Center Inc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

Electronic Filing Menu

Corporate Filing Menu

Help

R KEMPLE

SEP 13 2019

FILED

19 SEP 12 AM 9:47

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 (Profit)**ARTICLE I NAME:** The name of the corporation is:TAMARAC SENIORS CENTER INC.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13131 SW 19<sup>th</sup> Street  
DAVIE, FL 33325**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**MARIA C. PEREIRA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

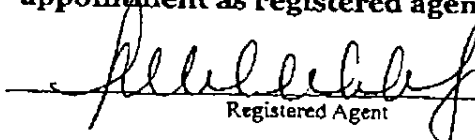
Maria C. Pereira  
13131 SW 19<sup>th</sup> Street  
DAVIE FL 33325**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Maria C. Pereira  
13131 SW 19<sup>th</sup> Street  
DAVIE FL 33325

19 SEP 12 AM 9:47

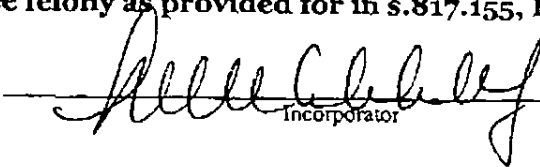
FILED

**Required Signatures:**

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

  
Registered Agent 9/12/19  
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.

  
Incorporator 9/12/19  
Date

FILED  
19 SEP 12 AM 9:47  
A.S. 1A1  
S.A. 1130476