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To: +18506176111

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**PR500022307**  
Division of Corporations

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : REGISTERED AGENTS INC.  
Account Number : I20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

**\*\*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  
SENIORENOASE RESIDENZEN CORP**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

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**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: SENIORENOASE RESIDENZEN CORP**ARTICLE II PRINCIPAL OFFICE**Principal street address7901 4th St NSTE 300St. PetersburgFL 33702

Mailing address, if different is:

7901 4th St NSTE 300St. PetersburgFL 33702**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Any and all lawful business.**ARTICLE IV SHARES**The number of shares of stock is: 10000000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Kersten Martick-Rabenau - DPTAddress: Yachthafenstr. 3aJork 21635 DEName and Title: Ben Doyle - SAddress: 7901 4th St N STE 300St. Petersburg FL 33702

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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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: Registered Agents Inc  
 Address: 7901 4th St N STE 300  
 St. Petersburg FL 33702

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Robin Jones  
 Address: 7901 4th St N STE 300  
 St. Petersburg FL 33702

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 04/14/2025 (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*

*David Jones*

Required Signature/Registered Agent

04/15/2025

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.*

*Robin Jones*

Required Signature/Incorporator

04/15/2025

Date

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