1201 HAYS STREET TALLAHASSEE, FL 32301 904-222-9171

800-342-8086



**AUTHORIZATION:** 

COST LIMIT : \$ 122.50

ORDER DATE : April 3, 1995

ORDER TIME : 2:54 PM

ORDER NO. : 571469

CUSTOMER NO: 9095A 300001446543

CUSTOMER: Tom Mitchell, Esq

WALLER & MITCHELL

5332 Main Street

New Port Richey, FL 34652

#### DOMESTIC FILING

NAME:

SULLIVAN & ASSOCIATES SENIOR ASSISTANCE, INC.

XXX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_ CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Danny G. Smith

EXAMINER'S INITIALS: T. BROWN APR - 4 1995

95 AFR -3 AN 10: 40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

# ARTICLES OF INCORPORATION

OF

SULLIVAN & ASSOCIATES SENIOR ASSISTANCE, INC.

The undersigned incorporator hereby forms a corporation under Chapter 607 of the laws of the State of Florida.

### ARTICLE I. NAME

The name of the corporation shall be:

SULLIVAN & ASSOCIATES SENIOR ASSISTANCE, INC.

The address of the principal office of this corporation shall be Post Office Box 1541, Dunedin, Florida 34697, and the mailing address of the corporation shall be the same.

# ARTICLE II. NATURE OF BUSINESS

This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

# ARTICLE III. CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is 100 shares of common stock having \$1.00 par value per share.

## ARTICLE IV. REGISTERED AGENT

The street address of the initial registered office of the corporation shall be 1201 Hays Street, Tallahassee, Florida 32301, and the name of the initial registered agent of the corporation at that address is Corporation Information Services, Inc.

### ARTICLE V. TERM OF EXISTENCE

This corporation is to exist perpetually.

# ARTICLE VI. OFFICERS AND DIRECTORS

This corporation shall have one officer and one director, initially. The name and street address of the initial officer and director who shall hold office for the first year of the corporation, or until his successor is elected or appointed is:

Frances Sullivan Dir./Pres./Sec./Treas.

Post Office Box 1541 Dunedin, Florida 34697

# ARTICLE VII. SPECIAL PROVISION

This corporation shall be organized to comply with the provisions of Subchapter S of the Internal Revenue code, 26 U.S.C. 1361 et. seq., and shall take all actions necessary to obtain and maintain its status as an S corporation as defined therein.

#### ARTICLE VIII. INCORPORATOR

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

Corporation Information Services, Inc. 1201 Hays Street Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned agent of Corporation Information Services, Inc., has hereunto set their hand and seal of Corporation Information Services, Inc., on April 3, 1995.

CORPORATION INFORMATION SERVICES, INC.

By: () Lccl
Its Agent, Gail Shelby

# ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF INCORPORATION

Corporation Information Services, Inc., a Florida corporation authorized to transact business in this State, having a business office identical with the registered office of the corporation named above, and having been designated as the Registered Agent in the above and foregoing Articles, is familiar with and accepts the obligations of the position of Registered Agent under Section 607.0505, Florida Statutes.

CORPORATION INFORMATION SERVICES, INC.

By: Vaca ( ) ( cold )

Its Agent Gail Shelby

# P95000026519

WALLER & MITCHELL

5332 MAIN STRIET NEW PORT RICHEY, FLORIDA 34652 TELEPHONE (813) 847-2288 FAX (813) 848-4183 (800) 304-2288 ROLAND D. WALLER

Band Control Real Enter Lorrer

THOMAS W. MITCHELL, JR.

April 11, 1995

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee FL 32301 500001459096 -04/18/95--01079--013 \*\*\*\*\*35.00 \*\*\*\*\*35.00

Attention: Amendments Section

Re: Sullivan & Associates Senior Assistance, Inc.

My File No. M10458.01

Gentlemen:

Enclosed is an original and one copy of a Change of Registered Agent form for the above referenced corporation, as well as my check in the amount of \$35. I would appreciate your acknowledging receipt of this form by stamping the date and time you received same on the copy of the form and returning it to me.

Sincerely yours,

THOMAS W. MITCHELL, JR.

TWM/cf Enclosures

cc: Sullivan & Associates Senior Assistance, Inc.

SECRETARIST STREET STRE

#### CHANGE OF REGISTERED OFFICE AND/OR REGISTERED AGENT

FRANCES SULLIVAN OF CORPORATION: SULLIVAN & ASSOCIATES ASSISTANCE, INC.

PRESENT REGISTERED OFFICE: 1201 Hayes Street

Tallahassee FL 32301

NEW REGISTERED OFFICE:

2679 Walnut Drive Palm Harbor FL 34683

PRESENT REGISTERED AGENT: Corporation Information Services, Inc.

NEW REGISTERED AGENT: Frances Sullivan

I hereby certify that the street address of the registered office and the street address of the business office of the registered agent of the above corporation are identical.

I further certify that the above change of registered office and/or registered agent has been authorized by resolution duly adopted by the Board of Directors of SULLIVAN & ASSOCIATES SENIOR ASSISTANCE, INC.

DATED: 4/11/15

SULLIVAN & ASSOCIATES SENIOR ASSISTANCE, INC.

By: Stance Sullulan Pu.
FRANCES SULLIVAN, President

#### ACKNOWLEDGMENT AND ACCEPTANCE

Having been named as registered agent for the above corporation for the purpose accepting service of process at the registered office designa d above, I hereby accept such appointment and agree to act in such capacity. I agree to comply with the provisions of the sections of the Florida Statutes relative to keeping open the registered office.

FRANCES SULLIVAN
Registered Agent