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Corporate Records Bureau Division of Corporations Department of State P.O. Box 6327 Tallahassee, FL 32301

RE: Supportive Senior Services, Inc.

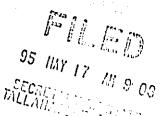
Gentlemen:

Enclosed is an original and a copy of the Articles of Incorporation for the above referenced company and a copy of the Certificate of Domicile.

Also enclosed is our check in the amount of \$70.00 to cover the various fees. Please send an acknowledgment of receipt of these monies.

Very truly yours,

Mark F. Silberstein



ARTICLES OF INCORPORATION OF

Supportive Senior Services, Inc.

- NAME: The name of this corporation is: Supportive Senior Services, Inc.
- 2. DURATION: The period of its duration is perpetual.
- 3. <u>PURPOSE</u>: The purpose is to engage in any activities or business permitted under the laws of the United States and of Florida.
- 4. <u>CAPITAL STOCK:</u> The corporation is authorized to issue 7,500 shares of \$1.00 par value common stock.
- 5. <u>INITIAL REGISTERED AGENT AND OFFICE:</u> The street address of its initial registered agent is: 13317-B Thomasville Circle, Tampa, FL 33617 and the name of its initial registered agent at said address is: Mark F. Silberstein.
- 6. MAILING ADDRESS OF CORPORATION: The complete mailing address of the Corporation is:

 Supportive Senior Services, Inc.

 13317-B Thomasville Circle
 Tampa, FL 33617
- 7. INITIAL BOARD OF DIRECTORS: This corporation shall have one director, initially, and the name and address of the initial director is: Supportive Senior Services, Inc. at 13317-B Thomasville Circle, Tampa, FL 33617.
- 8. <u>INCORPORATOR:</u> The name and address of the person signing these Articles of Incorporation is: Mark F. Silberstein at 13317-B Thomasville Circle, Tampa, FL 33617.
- 9. EFFECTIVE DATE: These Articles are to be effective upon receipt.

DATED: 5/1/95 Mark F. Silberstein

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

I hereby certify, that on this day before me, an officer duly qualified to take acknowledgments, personally appeared Mark F. Silberstein to me known to be the person described in and who executed the foregoing Articles of Incorporation and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this you day of May, 1995.

Denser My Commission Expires:

OFFICIAL NOTINEY SHAL MARY P JENSEN.

NOTARY PUBLIC STATE OF FLORIDA COMMISSION NO COMPARTS

MY COMMISSION NO COMPARTS

MY COMMISSION NO COMPARTS

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICES OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Greas transati

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In pursuance of Chapter 48.091, Florida Statutes, the following Υ_{s} submitted, in compliance with said Act:

First - That Supportive Senior Services, Inc., desiring to organize under the laws of the State of Florida with its principle offices located, as indicated in the Articles of Incorporation in the City of Tampa, County of Hillsborough, State of Florida, has named Mark F. Silberstein located at 13317-B Thomasville Circle, in the City of Tampa, County of Hillsborough, State of Florida, as its agent to accept service of process within this State.

ACKNOWLEDGMENT:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

(Resident Agent)

Section 213.26, Florida Statutes, states in part: "Appareations for refunds as provided in the Section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section ________, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section — • Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim. Name: SUPPLINE SENTE SERVICES IN A EIN or SS#: Address: 13317-B THEMSVILLE (*IRCLE** Amount: 3255 CC Date Paid 7D577 Reason for claim: CVERPAYMENT CEANNICAL REPORT FILING FETTERS (*IRCLE**) ** Signature Set (*IRCLE**) ** Must be completed if authority is other than Section 215.26, Florida Statutes. ** For Agency Use Only Statutes and Cornect this Amount of promoters of paid Paid Indiana (*IRCLE**) ** International the claim Amount of promoters of paid Statutes. ** For Agency Use Only Statutes (*IRCLE**) ** Amount reputated above was originally deposited into the State Treatmy, as a part of the funds deposited on the State Treatmy. The amount reputated above was originally deposited into the State Treatmy, as a part of the funds deposited on the State Treatmy. The statute of the State Treatmy (*IRCLE**) ** Application of Account Statutes (*IRCLE**) ** Application of State Division of Corporations (*IRCLE**)	Booting of the money.
Name: SUPPORTIVE SENIER SERVICES IN EIN or SS#: Address: [3317-B] THOMSVILLE (IRCLE TANDA, FL 33617 Amount: \$25 \in CC Date Paid 7\Disp77 Reason for claim: EVERPAYMENT CEANNUAL REPORT FILING FEE PECCUS 13CE L. SCHOS Certified true and correct this day of ,19 Signature SC (HOWC) * Must be completed if authority is other than Section 215.26, Florida Statutes. For Agency View Only (**) Signature School of above claim and although the following information to 1 subtainable the claim: Amount of recommend of paid 3 Bits 120 The amount requested above was originally deposited into the State Treasury as a part of the fund deposited in State Treasury as a part of the fund deposited i	subject to refund. The following information is submitted to substantiate the claim.
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7/30/97

State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Dear Sir/Madam,

I have been advised by your staff to write this letter at least a week after I mailed my check for my company's Annual Report, Corporation Supplemental Fee and the late fee of \$385.00. I received your 1997 Profit Corporation Annual Report Packet at the end of my business day, Friday 7/18/97 in which your packet said that it was my second notice. This is not the case. I never got the first packet and held my accountant, Kathy responsible for not warning me to pay: I though she had received the first warning. Ms. Markovitch called your office Monday Morning 7/21/97 and was told that I should have only sent in \$165.00 to your office. This would have been impossible because I had mailed the full amount that Sunday Night 7/20/97.

The reason for my paying the full amount is that I was in fear of the state closing down my corporation which I have been working very hard at keeping alive. This was mentioned several times in the packet that this could be done. Business has been slow and I have been under allot of pressure from this. I must now ask for an adjustment to the fee I have paid and the late fee waived. I will always pay for my mistakes and in this case had I originally been notified and just waited then I would have deserved to pay the extra fee. I work very hard as a Medical Social Worker advocating for others and now I must be my own advocate. Please note that I paid my fee on time last year because I got your original notice. I would greatly appreciate to have my original check returned and I will reissue the correct amount \$165.00 or for you to return the late fee by itself.

Sincerely.

Mark F. Silberstein, M.S.W.

cc: Kathy Markovitch