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FILED

95 MAY 17 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400001491474

-05/17/95--01118--001

*****70.00 *****70.00

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

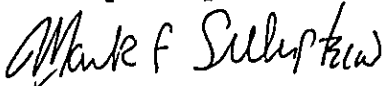
RE: Supportive Senior Services, Inc.

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

NANCY HENDRICKS MAY 16 1995

ARTICLES OF INCORPORATION
OF

Supportive Senior Services, Inc.

FILED
95 MAY 17 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. NAME: The name of this corporation is: Supportive Senior Services, Inc.
2. DURATION: The period of its duration is perpetual.
3. PURPOSE: The purpose is to engage in any activities or business permitted under the laws of the United States and of Florida.
4. CAPITAL STOCK: The corporation is authorized to issue 7,500 shares of \$1.00 par value common stock.
5. INITIAL REGISTERED AGENT AND OFFICE: 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. Mark Silberstein
8. INCORPORATOR: 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: 5/11/95

Mark F Silberstein
Mark F. Silberstein

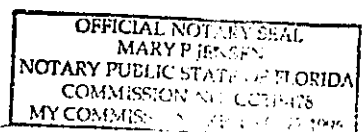
STATE OF FLORIDA
COUNTY OF HILLSBOROUGH

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 11th day of May, 1995.

Mary P. Jensen
NOTARY PUBLIC

My Commission Expires: _____



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

FILED
95 MAY 17 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the following is 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.

BY: Mark F. Silberstein
(Resident Agent)

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Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this 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 government which initially collected the money."

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: SUPPORTIVE SENIOR SERVICES INC. EIN or SS#: _____

Address: 13317-B THOMASVILLE CIRCLE
TAMPA, FL 33617

Amount: \$325.00 Date Paid 7/25/17

Reason for claim: OVERPAYMENT OF ANNUAL REPORT FILING FEES.

P95000031308

L. Sellers

Certified true and correct this _____ day of _____, 19 _____.

Signature See attached

* Must be completed if authority is other than Section 215.26, Florida Statutes.

For Agency Use Only	
Agency recommends approval of above claim and submits the following information to substantiate the claim:	Amount of recommended refund \$ <u>325.00</u>
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on State Treasurer's Receipt No. <u>98012/018</u> dated <u>7/25/17</u>	
Name of Account	<u>45202130001453000000000010000</u>
Statutory Authority for Collection	<u>607</u>
It is requested that payment be made from the following account:	
NAME OF ACCOUNT:	<u>452021300014530000000022002000</u>
Certified true and correct this _____ day of _____, 19 _____	
Department of State, Division of Corporations (Agency)	(Authorized Signature and Title)

SUPPORTIVE
SENIOR
SERVICES, Inc.

Mark F. Silberstein, M.S.W.

Office (813) 899-1100

Fax (813) 985-2791

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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.

Mark F. Silberstein, M.S.W.

cc: Kathy Markovitch