

P99000057499
TRANSMITTAL LETTER

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

400002912974--5
-06/23/99--01027--018
*****70.00 *****70.00

SUBJECT: Support Services for Independent Living, Inc.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Kristi Allison
Name (Printed or typed)

6321 113 St. #804
Address

Seminole, FL 33772
City, State & Zip

(727) 215-4267
Daytime Telephone number

99 JUN 23 PM 3:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

NOTE: Please provide the original and one copy of the articles.

2/6/24

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporation Act, hereby adopts the following articles of incorporation.

ARTICLE I Name of Corporation

The name of this corporation shall be;

Support Services for Independent Living Inc.

ARTICLE II Principle Office

The principle place of business and mailing address for Support Services for Independent Living Inc. shall be;

**6321 113th Street, Apartment 804
Seminole, FL 33772
(727) 393-6141**

ARTICLE III Shares

The number of shares of stock that this corporation is authorized to have outstanding at any one time shall be 10,000. All stock is common and of no par value.

ARTICLE IV Initial Registered Agent

The registered agent for Support Services for Independent Living Inc. shall be;

**Kristi Allison
6321 113th Street, Apartment 804
Seminole, FL 33772
(727) 393-6141**

ARTICLE V Incorporator

The name and address of the incorporator for Support Services for Independent Living Inc. is;

**Kristi Allison
6321 113th Street, Apartment 804
Seminole, FL 33772
(727) 393-6141**

Signature/Incorporator

Kristi Allison

Date

6/16/99

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Kristi Allison

Date

6/16/99

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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