

TRANSMITTAL LETTER

P 99000068313

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

100002940971--0
-07/26/99--01058--015
*****78.75 *****78.75

SUBJECT: Senior Services Development Corporation
(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: Dolores Becker
Name (Printed or typed)

P.O. Box 3264
Address

Stuart FL 34995
City, State & Zip

(561) 461-3434
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 JUL 26 AM 11:13

FILED

2:30
954-962-2945

F. CHESLER JUL 30 1999

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Senior Services Development Corporation

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

P O Box 3264
Stuart, FLK 34995

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

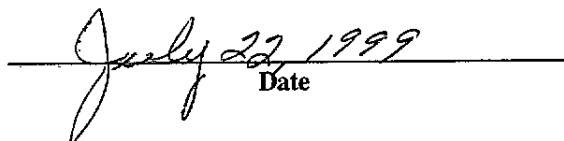
Dolores Becker
4838 South US 1
Ft. Pierce FL 34982

ARTICLE V INCORPORATOR

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

Dolores Becker
4838 South US 1
Ft. Pierce FL 34982

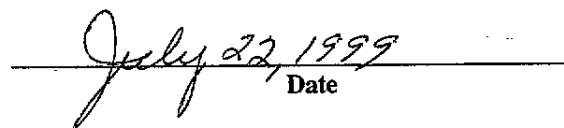

Signature/Incorporator


Date

(An additional article must be added if an effective date is requested.)

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


Date

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