

TRANSMITTAL LETTER

P99000070872

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

900002949529--9
-08/03/99--01085--014
****131.25 *****87.50

SUBJECT: Comprehensive Senior Management Services, 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

☐ \$122.50
Filing Fee
& Certified Copy

☒ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Martina Coriano
Name (Printed or typed)

4200 NW 89th Ave #211
Address

Sunrise, Fl. 33351
City, State & Zip

(954) 578-0490
Daytime Telephone number

FILED
99 AUG -3 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. Rolfe AUG 10 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:

Comprehensive Senior Management Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

**4200 NW 88th Avenue #211
Sunrise, Florida 33351**

ARTICLE III SHARES

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

1,000 Shares

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**Martina Coriano
4200 NW 88th Avenue #211
Sunrise, Florida 33351**

ARTICLE V INCORPORATOR

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

**Martina Coriano
4200 NW 88th Avenue #211
Sunrise, Florida 33351**

Signature/Incorporator

Martina Coriano

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

Martina Coriano

Date

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99 AUG -3 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA