

F99000001971

TRANSMITTAL LETTER

To: Qualification/Tax Lien Section
Division of Corporations

SUBJECT: Senior Partners, Inc.

(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Price Hildebrand
(Name of Person) 600002815716--6
-03/23/90--01081--001
Senior Partners, Inc.
(Firm/Company) *****70.00 *****70.00
500 East Woodrow Wilson Dr. Suite F
(Address) ~~W99-6988~~
Jackson, Ms 39216
(City/State/Zip)

Should you need to call someone concerning this matter, please call:

Price Hildebrand at (601-) 362-5962
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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Enclosed is a check for the following amount:

- \$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status \$78.75 Filing Fee & Certified Copy \$87.50 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 23, 1999

PRICE HILDENBRAND
SENIOR PARTNERS, INC.
500 EAST WOODROW WILSON DR., STE F
JACKSON, MS 39216

SUBJECT: SENIOR PARTNERS, INC.
Ref. Number: W99000006988

We have received your document for SENIOR PARTNERS, INC. and your check(s) totaling \$70.00. However, the document has not been filed and is being retained in this office for the following:

We received only the certificate, \$70.00 filing fee and a transmittal letter there are two pages that are enclosed for you to complete a return.

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 099A00014502

RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Price Hildebrand, do hereby certify
(Name)

that this Resolution of the Board of Directors of Senior Partners, Inc.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Mississippi,

was duly adopted on September 3, 19 92.

Be it resolved, that Senior Partners, Inc.,
(Corporate Name)

organized and existing in the State of Mississippi, hereby adopts the name

Senior Partners, Inc. Of Mississippi for use in Florida.

Dated: April 13, 1999

a


Signature of either Chairman, Vice Chairman or any officer

Price Hildebrand
Type or print name

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**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Senior Partners, Inc.
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Mississippi 3. 64-0818830
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. Sept. 3, 1992 5. _____
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Waiting for information from State of Florida
(Date first transacted business in Florida.) (SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. 500 East Woodrow Wilson Drive, Suite F'
Jackson, Ms. 39216
(Current mailing address)

8. Elderly Companion and Sitting Service
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Price Hildebrand


Office Address: 1950 Pentagon St.

Gulf Breeze, Florida, 32516-8669
(Zip code)

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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)

Chairman: Price Hildebrand

Address: 2258 Bellingrath Rd.
Jackson, Ms. 39211

Vice Chairman: Jane Hildebrand

Address: 2258 Bellingrath Rd.
Jackson, Ms. 39211

Director: Wanda McCroxy

Address: 12106 Old Port Gibbs Rd.
Hazlehurst, Ms 39083

Director: _____

Address: _____

B. OFFICERS (Street address only - P.O. Box NOT acceptable)

President: Price Hildebrand

Address: 2258 Bellingrath Rd.
Jackson, Ms. 39211

Vice President: Jane Hildebrand

Address: 2258 Bellingrath Rd.
Jackson, Ms 39211

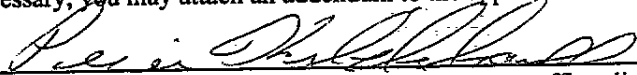
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Price Hildebrand
(Typed or printed name and capacity of person signing application)

State of Mississippi

Secretary of State's Office

Eric Clark

Secretary of State
Jackson, Mississippi

CERTIFICATE OF EXISTENCE/AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on September 03, 1992 the state of Mississippi issued a Charter/Certificate of Authority to:

SENIOR PARTNERS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is Perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.

Given under my hand
and seal of office
March 22, 1999



ERIC CLARK,
Secretary of State



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