

N00000002976

05 MAY -3 AM 8:54

TRANSMITTAL LETTER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

300003206133--2  
-04/12/00--01076--017  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

SUBJECT: Jeannie Seifert Children + Family Support Service  
(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

ADDITIONAL COPY REQUIRED

FROM: GAVE Jeannie Seifert  
Name (Printed or typed)  
BY PHONE TO  
Suffic 810 Hand ave.  
Address  
DATE: 4/18/00  
City, State & Zip Sarasota FL 34232  
(941) 342-7428  
Daytime Telephone number

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

Handwritten notes and signatures at the bottom right of the page.



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

April 18, 2000

JEANNIE SEIFERT  
810 HAND AVE  
SARASOTA, FL 34232

SUBJECT: JEANNIE SEIFERT CHILDREN & FAMILY SUPPORT SERVICES  
Ref. Number: W00000010238

We have received your document for JEANNIE SEIFERT CHILDREN & FAMILY SUPPORT SERVICES and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Please return the original and one copy of 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) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 000A00021219

**ARTICLES OF INCORPORATION**

FILED

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

00 MAY -3 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be: *Jeannie Seibert Children & Family Support Services INCORPORATED*

**ARTICLE II PRINCIPAL OFFICE**

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

*principal place of business:*  
810 Hand ave  
Sarasota Fl.  
34232

*mailing address:* P.O. Box 83  
C/o Jeannie Seibert  
Palmetto, Fl.  
34236

**ARTICLE III PURPOSE(S)**

The specific purpose(s) for which the corporation is organized is(are):

*To aid low income families + children with clothes, financial support, as well as Foster + Emergency shelter and legal help.*

**ARTICLE IV MANNER OF ELECTION OF DIRECTORS**

The manner in which the directors are elected or appointed is:

*The manner in which the directors are elected will be stated in the By-Laws.*

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

*Jeannie Seibert  
810 Hand ave  
Sarasota Fl. 34232*

**ARTICLE VI INCORPORATOR**

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

*Jeannie Seibert  
810 Hand ave  
SARASOTA FL.  
34232*

*[Signature]*  
\_\_\_\_\_  
Signature/Incorporator

*4-10-00*  
\_\_\_\_\_  
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]*  
\_\_\_\_\_  
Signature/Registered Agent

*4-10-00*  
\_\_\_\_\_  
Date