N09000007661

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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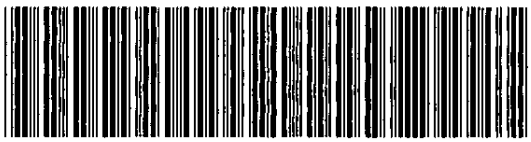

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APPROVED
AND
FILED

09 AUG -5 PM 4:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: SANCTUARY HOUSE OF SOUTH FLORIDA, 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

ADDITIONAL COPY REQUIRED

FROM: JARED C. CASHNER, CCE, M.P.
Name (Printed or typed)

116 NW 25 STREET
Address

WILTON MANORS, FL 33311
City, State & Zip

954-882-8363
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: SANCTUARY HOUSE OF S. FLORIDA, INC ~~NFP~~

ARTICLE II PRINCIPAL OFFICE

The principal **street** address and mailing address, if different is:

116 NW 25TH STREET
WILTON MANORS, FL 33311

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO PROVIDE A SAFE PLACE FOR PEOPLE SUFFERING FROM DRUGS & ALCOHOL. A SOBER LIVING FACILITY & FOOD PANTRY

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

BY VOTE OF THE TRUSTEES

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

JARED C. CASHNER, CCR, N.P. - DIRECTOR, TRUSTEE
116 NW 25 STREET
WILTON MANORS, FL 33311

JAMES R. SANZERI, MANAGER, TRUSTEE
2064 NE 21 CRT. WILTON MANORS, FL 33304

CONNIE SANZERI, TRS
1522 NE 4TH AVE
FT. LAUDERDALE, FL
33304

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

MS. CONNIE SANZERI
1522 NORTHEAST 4TH AVENUE
FORT LAUDERDALE, FL 33304 954-599-1048

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

JAMES R. SANZERI
2064 NE 21 CRT
WILTON MANORS, FL 33304, 954-336-5800

****

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

Signature/Registered Agent — Date: Aug 4, 09

Signature/Incorporator — Date: Aug 4, 09

JAMES R. SANZERI