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DIVISION OF CORPORATIONS
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COVER LETTER

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

SUBJECT: GULF COAST COMPASSIONATE CARE 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: SEAN P. KELLY

Name (Printed or typed)

317 BARBARA CIRCLE

Address

BELLEAIR, FL. 33765

City, State & Zip

727-301-5642

Daytime Telephone number

S_KELLY78@iCLOUD.COM

E-mail address: (to be used for future annual report notification)

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: GULF COAST COMPASSIONATE CARE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
317 BARBARA CIRCLE
BELLEAIR, FL. 33756

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: A CHARITABLE HEALTH AND WELL-BEING ORGANIZATION
OUR PRIMARY FOCUS IS TO PROMOTE SOCIAL WELFARE AND TO PROVIDE RELIEF TO THE POOR, DISTRESSED
AND UNDERPRIVILEGED MEMBERS OF THE GULF COAST FLORIDA COMMUNITY THAT WE ARE A PART OF.
OUR MISSION IS TO PROVIDE RELIEF AND SUPPORT TO PEOPLE THAT NEED ASSITANCE IN LIFE
AND THOSE DEALING WITH DEBILITATING CONDITIONS, SO THAT THOSE INDIVIDUALS CAN LIVE HEALTHIER
AND HAPPIER LIVES.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: APPOINTED

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: SEAN P. KELLY CHAIRMAN

Address: 317 BARBARA CIRCLE
BELLEAIR, FL. 33756

Name and Title: LINDA BACKUS SECRETARY

Address: 1527 KURT LANE
CLEARWATER, FL. 33764

Name and Title: DANIEL BROOKS PRESIDENT

Address: 2032 SAN SEBASTIAN WAY
CLEARWATER, FL. 33763

Name and Title: KATHY WORKMAN TREASURER

Address: 1978 OAK STREET NORTH
CLEARWATER, FL. 33760

Name and Title: ALYSSA BACKUS VICE PRESIDENT

Address: 1527 KURT LANE
CLEARWATER, FL. 33764

Name and Title: DYLAN LORING DIRECTOR

Address: 105 19TH ST. SE
LARGO, FL. 33771

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DIVISION OF CORPORATION
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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: ALYSSA L. BACKUS
Address: 1527 KURT LANE
CLEARWATER, FL. 33764

ARTICLE VII INCORPORATOR

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

Name: SEAN P. KELLY
Address: 317 BARBARA CIRCLE
BELLEAIR, FL, 33756

ARTICLE VIII EFFECTIVE DATE: 08/07/2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Alyssa L Backus
Required Signature of Registered Agent

08/07/2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Sean P. Kelly
Required Signature of Incorporator

08/07/2015
Date

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