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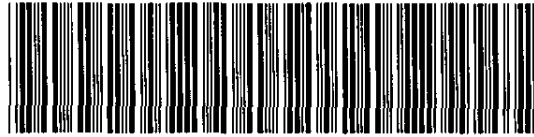
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TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Florida Advocacy and Independence Resource Center, Incorporated

(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: Wendy Vance

Name (Printed or typed)

2755 Raintree Circle

Address

Tallahassee, FL 32308

City, State & Zip

8505085607

Daytime Telephone number

faircenterinc@gmail.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: Florida Advocacy and Independence Center, Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2755 Raintree Circle

Tallahassee, FL 32308

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of this corporation is to provide independent living, technology, skills, money management, mobility, and employment skills training to individuals with disabilities in the state of Florida.

Additionally, advocacy for full community inclusion and employment placement will be provided.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: By board vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Travis Vance, ~~Assistive Technology~~ Director Name and Title: Abbe Flynn, ~~Board Member~~ AD

Address: 2755 Raintree Circle Address: 240 Hopson Road
Tallahassee, FL 32308 Monticello, FL

Name and Title: James Vance - ~~Board Member~~ AD Name and Title: _____

Address: 7739 Carole Ln Address: _____
Florence Kentucky 41042

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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FILED

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: Wendy Vance
Address: 2755 Raintree Circle
Tallahassee, FL 32308

ARTICLE VII INCORPORATOR

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

Name: Wendy Vance
Address: 2755 Raintree Circle
Tallahassee, FL 32308

ARTICLE VIII EFFECTIVE DATE: 6/3/2015

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

Wendy Vance
Required Signature of Registered Agent

6/4/15
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.

Wendy Vance
Required Signature of Incorporator

6/4/15
Date