

N18 000 004 405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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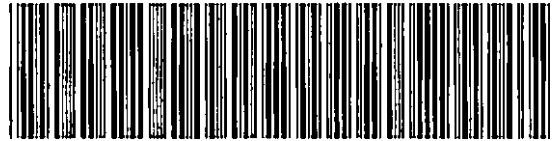
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
18 MAR 26 PM 5:00
TALLAHASSEE, FL

D O'KEEFE

APR 19 2018

W18-23399



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 9, 2018

BARBARA POPLER
P.O. BOX 13645
TALLAHASSEE, FL 32317-3645

SUBJECT: CAPITAL COLLABORATIVE GROUP, INC.
Ref. Number: W18000023399

We have received your document for CAPITAL COLLABORATIVE GROUP, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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) 245-6052.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 218A00004866

RECEIVED
2018 MAR 26 PM 12:22
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

RECEIVED
18 MAR 26 PM 5:52
TALLAHASSEE, FL 32317

COVER LETTER

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

SUBJECT: CAPITAL COLLABORATIVE GROUP, 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: BARBARA POPL

Name (Printed or typed)

P.O. BOX 13645

Address

TALLAHASSEE, FL 32317-3645

City, State & Zip

(850) 383-1907

Daytime Telephone number

BPOPLE@POPLEFINANCIAL.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: CAPITAL COLLABORATIVE GROUP, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

851 East Park Avenue
Tallahassee, FL 32301

Mailing address, if different is:

18 MAR 25 PM 5:00
TALLAHASSEE, FL

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to be a centralized group of competent collaborative practitioners that promote non-adversarial resolution of conflicts in family law cases. To educate the public & the professional community about the process & value of collaborative law; educate & support collaborative law practitioners. To participate in a network of collaborative law organizations to provide improved access to collaborative resources.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Nomination & majority vote by members at the annual meeting in November.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President
Name and Title: Rachel Bontreger, Esq.
Address: 2520-1 Barrington Cir.
Tallahassee, FL 32308

VP
Name and Title: Jerry Rumph, Esq.
Address: 2810 Remington Green Cir.
Tallahassee, FL 32308

Treasurer
Name and Title: Barbara Pope, CPA
Address: P.O. Box 13645
Tallahassee, FL 32317

Secretary
Name and Title: Christin Gonzalez, Esq.
Address: 851 East Park Avenue
Tallahassee, FL 32301

Membership Chair
Name and Title: Tyler Huston
Address: 2833 Remington Green Cir.
Tallahassee, FL 32308

Director 2
Name and Title: Debra Weaver
Address: 2880 Capital Medical Blvd
Suite 2
Tallahassee, FL 32308

Director 3
Name and Title: Jennifer Sweeting, Esq. Name and Title: _____
Address: 2810 Remington Green Cir. Address: _____
Tallahassee, FL 32308 _____

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: Christin Gonzalez Esq.
Address: 851 East Park Ave.
Tallahassee, FL 32301

FILED
10 MAR 23 PM 03:03
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

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

Name: Barbara Poppe
Address: 1342 Timberlane Rd Suite 101A
Tallahassee, FL 32312

ARTICLE VIII EFFECTIVE DATE:

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 days prior or 90 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

Christin F. Gonzalez
Required Signature of Registered Agent

2/22/18
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.

B. Poppe
Required Signature of Incorporator

2/22/18
Date