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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	-
Special Instructions to Filing Officer:	
Office Use Only	



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## **COVER LETTER**

## TO: New Filing Section Division of Corporations

SUBJECT: Council Services,, Inc.

Name of Corporation – must include suffix

Dear Sir or Madam:

A

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Norman D. Graves

Name of Person

Council Services , Inc. Firm/Company

140 GA Hwy 27 East

Address

Americus, GA 31709

City/State and Zip Code

norm@mfcoa.org E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

 Norman Graves
 at (229)
 928-2126

 Name of Person
 Area Code & Daytime Telephone Number

MAILING ADDRESS:

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$70.00 Filing Fee	□\$78.75 Filing Fee &
	Certificate of Status

□\$78.75 Filing Fee & Certified Copy X \$87.50 Filing Fee, Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

#### IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. Council	Services, Inc.							
import in languas	ation: must include the word "INCORPORA ge as will clearly indicate that it is a corpora esent. "Company" or "Co." may not be used	ation in	stead of a p	natural person	or partnershi	d if not	tions of like t so contained	
2. Georgia	try under the law of which it is incorporated	_ 3	58-263	9826				
(State or count	try under the law of which it is incorporated	d) -	(FEI number, if applicable)					
4. 02/11/19	999 ate of Incorporation)	_ 5. <sup>_ 1</sup>	Perpetu	al.				
(D	ate of Incorporation)		(Duration: Year corp. will cease to exist or "perpetual")					
6. <u>N/A</u>								
(Date first condu	cted affairs in Florida if prior to registration.	See sec	ctions 617.1	501 & 617.150	2, F.S, to det	ermine	penalty liability.)	
7. 140 High	way 27 East Americus, GA 3	1709						
/··	(Princip	oal offic	ce address)				+	
same as	above							
	(Curre	ent mai	ling addres	s)		· · · · · · · · · · · · · · · · · · ·		
			U					
	meets to the olderly and di		<b>.</b>					
8. provide	meals to the elderly and dis orporation authorized in home state or count	Sabi	ea he corried (	ut in the state	ofFlorida			
(Purpose(s) of c	orporation authorized in nome state of cour	uu y 10 1	De Callieu (	out in the state	of Florida)			
9 Name and stre	et address of Florida registered agent: (	(P.O. 1	Box NOT	acceptable)		52		
); i tanto ano <u>ono</u>	<u></u>	(				ച ഗാ	alamentet ega Ala	
N	Lori Ann Walden					ġ	<del>الايلام</del> ، ؟ ال	
Name: _			-		ASSE ASSE	$\frac{2}{3}$	j j	
Office Addresses	4961 West Co. Rd 30-A				ొల్		1	
Office Address:			-		-11 11 (1)	σ		
	Contro Dogo Possh			22/50	SP	i''	- Citation -	
-	Santa Rosa Beach (City)	,		32439	(Zip Code)			
	<				· · · · · · · · · · · · · · · · · · ·			

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

## 12. Names and addresses of officers and/or directors

## A. DIRECTORS

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Chairman:	Mickey Holloway				
Address:	280 Snider Way				
	Ellaville, GA 31806				
Vice Chairman:	Tim Lawson				
Address:	305 Patton Dr.				_
. <u> </u>	Americus, GA 31709				
Director:	Norman_Graves		<b></b>		_
Address:	339 Highway 49 S.				
	Americus, GA 31719	· · ·			_
Director:	Carol Dillard				
Address:	1130 Cemetery Rd				
·	Preston, GA 31824		2812		
B. OFFICERS			SEP	ни им <u>19</u> на в Постоление Состоление	
President:	Mickey Holloway		$\omega$	ысаток г] ———————————————————————————————————	
Address:	280 Snider Way		σ		
	Ellaville, GA 31806		2: 0		
Vice President:	Tim Lawson				
Address:	305 Patton Dr.				
	Americus, GA 31709				
Secretary:	Beth Tanner				
Address:	32 Willow St. Butler, GA 31006				
Treasurer:	Joan Mason				-
Address:	126 Lake Jennifer Dr. Americus, GA 31709	<u> </u>			
NOTE: If frecess	ary, you may attach an addendum to the application listing additiona functional distance of Chairman, Vice Chairman, or any officer listed in number 12				
14	Norman D. Graves, Executive Director				

(Typed or printed name and capacity of person signing application)

Control Number : K907497

# **STATE OF GEORGIA**

Secretary of State Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### **CERTIFICATE OF EXISTENCE**

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

### **COUNCIL SERVICES, INC.**

#### a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number Date Inc/Auth/Filed Jurisdiction Print Date Form Number : 12165907 : 02/11/1999 : Georgia : 9/18/2015 : 211



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Brian P. Kemp Secretary of State