

TRANSMITTAL LETTER

*N00000003107*

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

FILED  
00 MAY 10 PM 4: 04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: AMTAGS Grief + Loss Resource Development Center Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

200003233642--0  
-05/01/00--01143--003  
\*\*\*\*\*87.50 \*\*\*\*\*87.50

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: Fletcher ANDERSON  
Name (Printed or typed)

2910-24th AVENUE  
Address

Tampa FLORIDA 33605  
City, State & Zip

(813) 241-4894  
Daytime Telephone number

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

*W 11597 /  
PL 5/3/00*



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

May 3, 2000

FLETCHER ANDERSON  
2910 24TH AVE  
TAMPA, FL 33605

SUBJECT: AMTAGS GRIEF & LOSS RESOURCE & DEVELOPMENT CENTER  
INC.  
Ref. Number: W00000011597

We have received your document for AMTAGS GRIEF & LOSS RESOURCE & DEVELOPMENT CENTER INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

You must list at least one incorporator with a complete business street address.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the original and one copy of 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) 487-6915.

Pamela Hall  
Document Specialist

Letter Number: 900A00024554

**ARTICLES OF INCORPORATION**

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

FILED

00 MAY 10 PM 4: 04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

AMTAGS GRIEF & LOSS RESOURCE & DEVELOPMENT CENTER INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

2910-24th Avenue Tampa, Florida 33605

ARTICLE III PURPOSE

The purpose for which the corporation is organized:

A Christian support service center for all types of grief and loss. To help any person understand the stages of grief, to make available resources and information to anyone who has suffered a loss of a loved one. Hold meetings, grief sessions, workshops, To let people know there is help at the time of grief. To help with funeral arrangements. To support and aid through the grieving process, at the time of a loss and after the loss.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The directors will be appointed by election, every five years within the board members.

ARTICLE V INITIAL DIRECTORS/ OFFICERS:

The name and address:

Fletcher Anderson, 2910-24th Avenue, Tampa, Florida, 33605

Betty Gallmon, 4213 E Louisiana, Tampa, Florida, 33610

Paulette Anderson, 5711 Troy Ct. apt.104 Tampa, Florida 33610

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of registered agent is:

Fletcher Anderson, 2910-24th Avenue, Tampa, Florida, 33605

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Fletcher Anderson -2910-24th Ave., Tampa, Fl., 33605

\*\*\*\*\*  
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.

Fletcher Anderson  
Signature/Registered Agent

Fletcher Anderson  
Signature/Incorporator

5-6-00  
Date

5-6-00  
Date