

TRANSMITTAL LETTER

NO10000000177

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

300003502503--7
-12/15/00--01074--016
*****87.50 *****87.50

SUBJECT: Summer Breeze Transition
(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

FILED
01 JAN - 9 PM 1:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FROM: Violent Chambers
Name (Printed or typed)

904 Lake Martha Dr
Address

Winter Haven, FL 33881
City, State & Zip

863-298-8064
Daytime Telephone number

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

W-20110
12-21
1-9-01



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 27, 2000

Violet Chambers
VIOLENT CHAMBERS
904 LAKE MARTHA DR.
WINTER HAVEN, FL 33881

SUBJECT: SUMMER BREEZE TRANSITION
Ref. Number: W00000030110

We have received your document for SUMMER BREEZE TRANSITION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

On 12/21/00 I contacted your office about the form you sent to us. Needed to make some corrections. I left my name and phone number but never received a call. In Article I we just need the name of the corporation, also in Article II we just need the address. You also spell your name different ways in the document it needs to be the same.,

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) 487-6929.

Joey Bryan
Document Specialist

Letter Number: 100A00064425

CHANGES → ** Name OF Program is - Summer Breeze Transition Inc.*
Name OF registered agent - Violet Chambers

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: The name of said Corporation shall be Summer Breeze Transition House as designed and shall not be changed unless designated by Violet Chamber, The founder

ARTICLE II PRINCIPAL OFFICE

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

The said place designated for the business location is 900 Lake Martha Dr. Winter Haven, Fla. unless otherwise changed by Violet Chamber, the founder of said company.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To assist the Homeless, Abused, neglected and the Deprived Individuals with housing, lodging on a temporary bases. To provide residents with counseling and economic services, care, limited treatment and 24 hr. Supervision.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

The Affairs of said Corporation shall be governed by the Board of Directors who shall be elected yearly as designed by members.

ARTICLE V INITIAL DIRECTORS/OFFICERS

The name and addresses:

Violet Chambers - 904 Lake Martha Dr.
Michael Chambers - 904 Lake Martha Dr.
Rosa Negron - P.O. Box 3374
Robin Bostic - 247 Temple Cir. West
Barry Bostic - 1928 E. Edward Dr.

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Violet Chambers Violet Chambers
904 Lake Martha Dr.
Winter Haven, Fla.

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Violet Chambers Violet Chambers
904 Lake Martha Dr.
Winter Haven, Fla.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Violet Chambers
Signature/Registered Agent

12-8-2000
Date

Violet Chambers
Signature/Incorporator

12-8-2000
Date