

TRANSMITTAL LETTER

NO2000002020

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

SUBJECT: Family Services International, INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

900005113249--7  
-03/18/02--01055--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: Pamala Powell Ashe  
Name (Printed or typed)

116 Oak ST  
Address

Lake Como, FL 32157  
City, State & Zip

386-649-5404  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FL 32314  
02 MAR 14 PM 1:03

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

202A 16702

F. CHESSEB MAR 20

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Family Services International, Inc.

## ARTICLE II PRINCIPAL OFFICE

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

900 Highway 308 Huntington Road  
Crescent City, FL 32157

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

mailing P.O. Box 453 Lake Como,  
FL 32157

- (A) Improve The Community
- (B) Provide Information and Services For Empowerment

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

As Stated in bylaws

## ARTICLE V INITIAL DIRECTORS/OFFICERS

The name(s), address(es) and title(s):

President Gerald Walker 749 Junction Rd Crescent City, FL 32157  
Secretary Randolph Powell 712 Bay Street Crescent City, FL 32157  
Vice President - TREASURER Grant Ashe 116 Oak St Lake Como, FL 32157

## ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Pamala Powell Ashe  
116 Oak Street  
Lake Como, FL 32157

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Pamala Powell Ashe  
P.O. Box 453 Lake Como, FL 32157

\*\*\*\*\*  
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.

Pamala P Ashe  
Signature/Registered Agent Pamala P Ashe

3-12-02  
Date

Pamala Powell Ashe  
Signature/Incorporator Pamala P Ashe

3-12-02  
Date