

**N02000004853**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

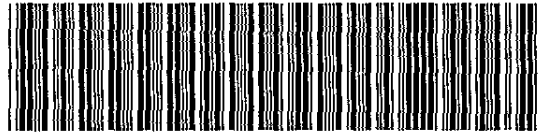
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200009561592

12/20/02--01016--010 \*\*70.00

FILED  
02 DEC 20 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

✓✓

nc 12/24

**DAVID L. KOUT, P.A.**

ATTORNEY AT LAW  
9000 W. Sheridan Street  
Suite 102  
Pembroke Pines, Florida 33024

Telephone: (954) 430-3155  
Fax: (954) 430-9873  
E-mail: dlkpa@aol.com

Corporate and Business Law  
Real Property  
Wills, Trusts, Estates  
and Probate

Admitted to Practice  
In Florida and Illinois

December 17, 2002

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

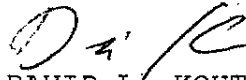
Re: Friends of Broward Outreach Center, Inc.

Dear Sirs:

Enclosed herewith please find Articles of Incorporation and Designation of Resident Agent and Acceptance for the above referenced entity together with my trust account check in the amount of \$ 70.00 to cover filing fees.

Thank you for your attention to this matter.

Very truly yours,

  
DAVID L. KOUT

DLK/mjb  
enclosures

**ARTICLES OF INCORPORATION**  
**OF**  
**FRIENDS OF BROWARD OUTREACH CENTER , INC.**

FILED  
02 DEC 20 PM 2:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a corporation under the Florida Not-for-Profit Corporation Act hereby adopt the following articles of incorporation:

**ARTICLE I**  
**NAME**

The name of the corporation is FRIENDS OF BROWARD OUTREACH CENTER, INC. .

**ARTICLE II**  
**DURATION**

The term of existence of the corporation is for the duration of the existence of Broward Outreach Center.

**ARTICLE III**  
**PURPOSE**

The purpose of the corporation is to obtain status as a not-for-profit corporation pursuant to Section 501(c)(3) of the Code of the U.S. Internal Revenue Service and to assist Broward Outreach Center in fundraising and otherwise furthering its goal of providing comprehensive services to the homeless population of South Florida.

**ARTICLE IV**  
**REGISTERED OFFICE**

The street address of the initial registered office of the corporation is 2056 Scott St., Hollywood, Florida 33022 and the name of the initial registered agent at that address is Dr. Allen Reesor.

**ARTICLE V**  
**DIRECTORS**

7.01. The initial board of directors of the corporation shall consist of eleven (11) members. The method of appointing directors shall be set forth in the corporations bylaws.

7.02. The names and addresses of the first board of directors are:

Name	Address
ERICA SOLODKIN, President	2056 Scott St. Hollywood, Florida 33022
JOE GARCIA, Vice-President	2056 Scott St. Hollywood, Florida 33022
MARTA PRADO, Treasurer	2056 Scott St. Hollywood, Florida 33022
ALAN KOSLOW, Secretary	2056 Scott St. Hollywood, Florida 33022
BARRY KAY, Director	2056 Scott St. Hollywood, Florida 33022
DAVID KOUT, Director	2056 Scott St. Hollywood, Florida 33022
STEVEN MacLAUCHLAN, Director	2056 Scott St. Hollywood, Florida 33022
SCOTT ROBERTS, Director	2056 Scott St. Hollywood, Florida 33022

Three (3) Directors from the  
North Broward Center to be named.

#### ARTICLE VI INCORPORATORS

The name and address of the incorporator is DAVID KOUT:

Name	Address
DAVID KOUT	9000 Sheridan St. # 102 Pembroke Pines, Florida 33024

#### ARTICLE VIII COMMENCEMENT OF EXISTENCE

The corporation shall commence it's existence on the  
date of the filing of these articles.

IN WITNESS WHEREOF, I have subscribed my name this 17 day of  
December, 2002.

  
\_\_\_\_\_  
DAVID KOUT, Incorporator

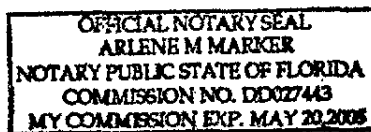
STATE OF FLORIDA

COUNTY OF BROWARD

On this 17 day of December, 2002, before me an officer duly authorized to take oaths and acknowledgements, personally appeared DAVID KOUT, known to me by personal knowledge to be the person whose name is subscribed to the instrument within, and he acknowledged that he executed the same for the purposes contained therein after (not) taking an oath.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

*Arlene M. Marker*  
NOTARY PUBLIC, State of Florida



STATE OF FLORIDA

DEPARTMENT OF STATE

Certificate Designating Place of Business or Domicile for the  
Service of Process Within this State and Naming Agent upon  
Whom Process may be Served.

The following is submitted in compliance with Chapter  
48.091, Florida Statutes:

FRIENDS OF BROWARD OUTREACH CENTER, INC., a corporation  
organizing under the laws of the State of Florida with it's  
principal office at 2056 Scott St. in the city of Hollywood,  
County of Broward, State of Florida, has named DR. ALLEN  
REESOR located at 2056 Scott St., City of Hollywood, County of  
Broward and State of Florida, as its agent to accept service  
of process within this state.

ACCEPTANCE:

I agree as Resident Agent to accept Service of Process;  
to keep office open during prescribed hours; to post my name  
(and any other officers of said corporation authorized to  
accept service of process at the above Florida designated  
address) in some conspicuous place in office as required by  
Law.

  
DR. ALLEN REESOR, Resident  
Agent

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 DEC 20 PM 2:54

FILED