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SECRETARY OF STATE
TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: The Full Circle Program, Inc
(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

FROM: PAMELA WIEGAND
Name (Printed or typed)

1954 Sever Drive
Address

Clearwater Florida 33764
City, State & Zip

813-636-8888
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

The Full Circle Program INC

ARTICLE II PRINCIPAL OFFICE

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

1957 Sever Drive
Clearwater, FL 33764

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RAISE FUNDS FOR THE OPERATION OF
PROGRAMS FOR HANDICAPPED OR DISABLED CHILDREN

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: elected Annually by majority of the
members AT A DULY CALLED MEETING

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

PAMELA WIEGAND
1957 Sever Dr
Clw, FL 33764

PRESIDENT/Treasurer

Emily Maciel
815 Woodruff
Clw, FL 33764

VP/Sec

Kelli Larsen
1957 Sever Dr
Clw, FL 33764
VP

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

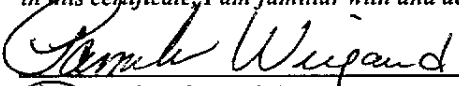
PAMELA WIEGAND
1957 Sever Dr
Clw, FL 33764

ARTICLE VII INCORPORATOR

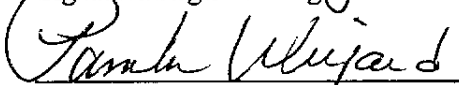
The name and address of the Incorporator is:

PAMELA WIEGAND
1957 Sever Dr
Clw, FL 33764

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.


Signature/Registered Agent

2-18-03
Date


Signature/Incorporator

2-18-03
Date

03 FEB 19 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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