

N 03000003037

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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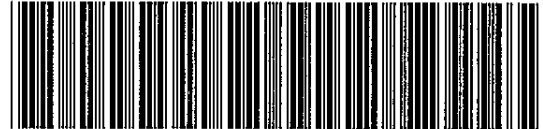
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE
TALLAHASSEE FLORIDA

4/9/03

JOHN C. RAYSON
ALSO ADMITTED IN ILLINOIS

LAW OFFICES OF
John C. Rayson
SECOND FLOOR
2400 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306
TELEPHONE (954) 566-8855
FAX (954) 566-8902
E-MAIL: rayson2000@aol.com

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LELAND H. RAYSON
1921 - 2001

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

March 27, 2003

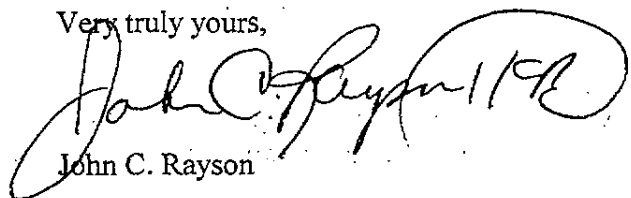
Department of State
Division of Corporations
FILING SECTION
PO Box 6327
Tallahassee, FL 32314

RE: B.A.R.S., Inc.

Dear Department of State:

Enclosed please find an original and one copy of articles of dissolution for the for profit Florida corporation, B.A.R.S., Inc.. Also enclosed is an original affidavit and one copy signed by the president of the dissolving for profit corporation stating that she does not intend to revoke the dissolution of the for profit corporation. The corporation wishes to incorporate as a non-profit Florida corporation under the same name, B.A.R.S., Inc. Therefore, enclosed are an original and one copy of articles of incorporation for B.A.R.S., Inc., a non-profit Florida corporation. Finally, enclosed please find my client's check in the amount of \$122.50 made payable to the Secretary of State representing the \$35.00 dissolution fee for the for profit corporation, \$8.75 for the certificate of status for the dissolved corporation; plus the following fees for the new non-profit corporation, B.A.R.S., Inc.: \$35.00 filing fee, \$35.00 for designation of registered agent and \$8.75 for certificate of status. Thank you for your immediate attention to this matter. Should you have any questions, kindly contact me.

Very truly yours,


John C. Rayson

JCR/kr
enclosures

AFFIDAVIT

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STATE OF FLORIDA
COUNTY OF BROWARD

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Affiant, LEONA STEIN, after first being sworn upon his oath, deposes and states:

1. My name is LEONA STEIN. I am an officer of the Florida profit corporation, B.A.R.S., INC., for which articles of dissolution are being submitted.
2. I am an officer and incorporator for the Florida non-profit corporation, B.A.R.S., Inc., which is being submitted for incorporation as a non-profit under the laws of the State of Florida.
3. I do not intend to revoke the dissolution of the Florida profit corporation, B.A.R.S., INC.
4. I intend to use the name B.A.R.S., INC. as the name for the non-profit Florida corporation.

FURTHER AFFIANT SAYETH NAUGHT.


LEONA STEIN

STATE OF FLORIDA
COUNTY OF BROWARD

SWORN TO AND SUBSCRIBED to me this 27 day of March, 2003, by LEONA STEIN, who is personally known to me or who produced _____ as identification and who ~~did not~~ take an oath.

WITNESS my hand and seal in the County and State last aforesaid this 27 day of March, 2003.


Notary Public
My Commission Expires:



Kathleen M. Rayson
MY COMMISSION # DD053876 EXPIRES
November 9, 2005
BONDED THRU TROY FAIR INSURANCE, INC.

**ARTICLES OF INCORPORATION
OF
B.A.R.S., INC.**

A Corporation Not for Profit in compliance with Chapter 617, F.S.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Leona Stein, a natural person competent to contract, does hereby make, subscribe, acknowledge and file in the office of the Secretary of State of the State of Florida for the purpose of forming a corporation not for profit in accordance with the laws of the State of Florida, these Articles of Incorporation, as by law provided.

**ARTICLE I
NAME**

The name of the corporation shall be as stated above.

**ARTICLE II
PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:
2200 South Cypress Bend Dr., #105, Pompano Beach, FL 33069.

**ARTICLE III
PURPOSE**

The purpose for which the corporation is to engage in activities to promote non-profit housing under Section 8 of the Broward County Housing Authority and to engage in any activity permitted by a non-profit corporation under the laws of the United States of America and the State of Florida.

**ARTICLE IV
ELECTION OF OFFICERS AND DIRECTORS**

The officers and directors of the corporation shall be elected by the membership of the corporation at the annual meeting, which shall be held upon notice annually during the second week of January.

**ARTICLE V
INITIAL DIRECTORS/OFFICERS**

The initial officers of the corporation shall be
Leona Stein, 2200 South Cypress Bend Dr., #105, Pompano Beach, FL 33069, who shall serve as President.
Abraham Lincoln Stein, 2200 South Cypress Bend Dr. #105, Pompano Beach, FL 33069, who shall serve as Vice President, Secretary and Treasurer.

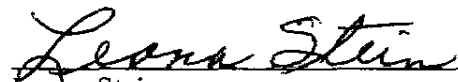
**ARTICLE VI
INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address of the initial registered agent is:
Leona Stein, 2200 S. Cypress Bend Dr., #105, Pompano Beach, FL 33069.

**ARTICLE VII
INCORPORATOR**

The name and address of the Incorporator is:
Leona Stein, 2200 S. Cypress Bend Dr., #105, Pompano Beach, FL 33069.

IN WITNESS WHEREOF, I have executed these Articles of Incorporation for the uses and purposes herein stated.

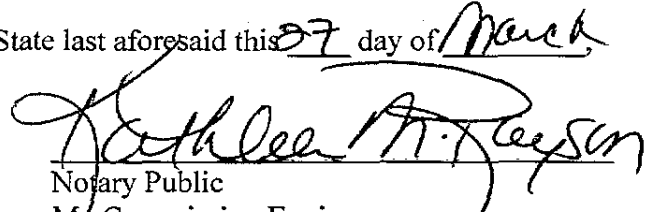


Leona Stein

STATE OF FLORIDA
COUNTY OF BROWARD

SWORN TO AND SUBSCRIBED to me this 27 day of March, 2003, by Leona Stein, who is personally known to me or who produced _____ as identification and who did/~~did not~~ take an oath.

WITNESS my hand and seal in the County and State last aforesaid this 27 day of March, 2003.



Notary Public
My Commission Expires:



Kathleen M. Rayson
MY COMMISSION # DD053876 EXPIRES
November 9, 2005
BONDED THRU TROY FARM INSURANCE, INC.



Kathleen M. Rayson
MY COMMISSION # DD053876 EXPIRES
November 9, 2005
BONDED THRU TROY FARM INSURANCE, INC.

CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT

In pursuance of Chapter 48.091, Florida Statutes, the following is submitted, in compliance with said Act: I, LEONA STEIN, having been named as registered agent to accept service of process for the above stated corporation at the place designated herein I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

by: Leona Stein
Leona Stein
Resident Agent

STATE OF FLORIDA
COUNTY OF BROWARD

SWORN TO AND SUBSCRIBED to me this 27 day of March 2003, by Leona Stein, who is personally known to me or who produced _____ as identification and who ~~did not~~ take an oath.

WITNESS my hand and seal in the County and State last aforesaid this 27 day of March 2003.

Kathleen M. Rayson
Notary Public
My Commission Expires:



Kathleen M. Rayson
MY COMMISSION # DD053876 EXPIRES
November 9, 2005
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CLERK OF STATE
TALLAHASSEE FLORIDA