

N03000006205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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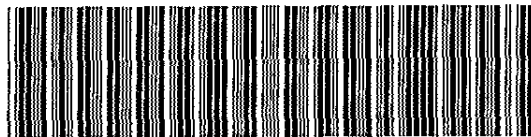
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JUL 21 PM 2:31
DIVISION OF CORPORATION
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DIVISION OF CORPORATIONS
03 JUL 21 PM 2:38

TRANSMITTAL LETTER

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

SUBJECT: The LATMA Outreach & Rehabilitation Center, 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: Emily Spencer
Name (Printed or typed)

Rt. 4, Box 1735
Address

Madison, FL 32340
City, State & Zip

(850) 973-3313
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 LATMA Outreach & Rehabilitation Center, Inc.

ARTICLE II PRINCIPAL OFFICE

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

200 SW Captain Brown Road

Madison, FL 32340

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The purpose of this organization is to

provide assistance to the economically, socially, mentally, and academically, disadvantaged. The functions of the organization shall include a Christian School, church services, counseling sessions, social activities, fund raising activities, and support to individuals and families who are in some way lacking the resources needed to function successfully in today's society.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors shall be appointed as according to the by-laws.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Carl E. Spencer, President Rt. 4, Box 1735, Madison, FL 32340

Emily Spencer, Vice President (Registered Agent) Rt. 4, Box 1735 Madison, FL 32340

Diane Davis, Treasurer, P.O. Box 425 Madison, FL 32341

Emma Hart, Secretary, 200 Samatra Road Apt 11 Madison, FL 32340

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Emily Spencer Rt. 4, Box 1735 Madison, FL 32340

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Emily Spencer Rt 4, Box 1735 Madison, FL 32340

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

Date

7/21/03

Signature/Incorporator

Date

7/21/03

FILED
SECRETARY OF STATE
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