

No 300000 8790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

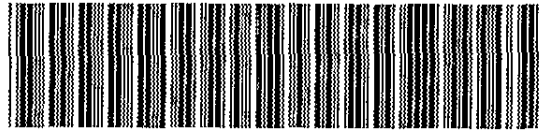
(Business Entity Name)

(Document Number)

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

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STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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## TRANSMITTAL LETTER

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

SUBJECT: Families Restoring the Homefront Parenting Group  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX) Inc

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: Shelia P. Clark  
Name (Printed or typed)

1012 Silver Ridge Dr.  
Address

Tallahassee, FL 32305  
City, State & Zip

(950) 878-3621  
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:

Families Restoring the Homefront Parenting Group Inc

### ARTICLE II PRINCIPAL OFFICE

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

1012 Silver Ridge Dr.  
Tallahassee, FL 32305

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Families Restoring the Homefront Parenting is a community base parenting support group designed to address the needs of single parents as well as struggling families.

### ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

By the Board of Directors

### ARTICLE V INITIAL DIRECTORS/OFFICERS

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

Shelia P. Clark  
1012 Silver Ridge Dr.  
Tallahassee, FL 32305  
Program Director

### ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Shelia P. Clark  
1012 Silver Ridge Dr.  
Tallahassee, FL 32305

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shelia P. Clark  
1012 Silver Ridge Dr.  
Tallahassee, FL 32305

\*\*\*\*\*  
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.

Shelia P. Clark  
Signature/Registered Agent

Date

10-9-2003

Shelia P. Clark  
Signature/Incorporator

Date

10-9-2003

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA