N03000008790

(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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DIVISION OF CORPORATIONS
STATE
TALLAHASSEE, FLORIDA

OCT 9

TRANSMITTAL LETTER

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

SUBJECT: Families Restoring the Homefront Parenting Group 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: Shelia P. Clark
Name (Printed or typed)

1012 Silver Ridge Dr.
Address

Tallahassee, Fl 32305
City, State & Zip

(850) 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

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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

10-9-2003
Date

Shelia P. Clark
Signature/Incorporator

10-9-2003
Date