

No3000010779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

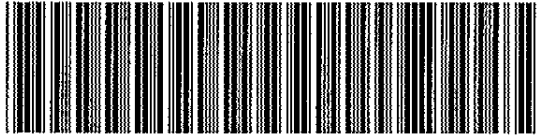
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12/16/03--01009--007 **30.00

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RECEIVED
03 DEC 16 AM 9:14
DIVISION OF CORPORATION
FILED
03 DEC 16 AM 10:23
SECRETARY OF STATE
FALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

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

SUBJECT: Big Bend Center for Human Services Lifeline 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: Glenn Simmion S
Name (Printed or typed)

7007 Jackson Rd.
Address

Quitman Ga. 31643
City, State & Zip

229-775-2280
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: *Big Bend Center for Human Service Lifeline, Inc.*

ARTICLE II PRINCIPAL OFFICE

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

Tall. Fl. 32304 P.O. Box 4253

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *The purpose of this organization is to prevent the spread of AIDS in the community through education and to improve the quality of life for person living with AIDS through compassionate care, affordable housing and nutritional meal supplements.*

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Directors are elected for 4 years as according to by-laws

ARTICLE V INITIAL DIRECTORS/OFFICERS

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

*Barbara Gansous 9512 Shumard Dr. Wakulla Fl. - Chairman, Treasurer
Marlene Schiefen 22 Nelson Rd. Crawfordville Fl. - Trustee
Linda Gallagher 8136 Holly Ridge Trl. Tallahassee Trustee
Barbie Price 6635 Kingman Dr. Tallahassee, FL Trustee
Glenn Simmons 7007 Jackson Rd Quitman, Ga CEO*

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

*Glenn Simmons 256 Oakview Dr.
Tall. Fl 32304*

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Glenn Simmons P.O. Box 4253
Tall. Fl. 32304*

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TALLAHASSEE, FLORIDA

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.

Glenn Simmons
Signature/Registered Agent

12/16/03
Date

Glenn Simmons
Signature/Incorporator

12/16/03
Date