## N05000002775

| (Re                     | equestor's Name)   |             |
|-------------------------|--------------------|-------------|
| (Ac                     | Idress)            |             |
| (Ac                     | ldress)            |             |
| (Cit                    | ty/State/Zip/Phone | <b>⇒</b> #) |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nan  | ne)         |
| (Do                     | cument Number)     |             |
| Certified Copies        | _ Certificates     | of Status   |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
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Office Use Only



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2005 MAR I I PH 3: 48

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## TRANSMITTAL LETTER

FILE

2005 MAR II PM 3:48

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

TALLAHASSEE FLORIDA

| SUBJECT: PROACTIVE        | VE TRANSITIONS, INCORF<br>(PROPOSED CORPORA) | PORATED<br>TE NAME — <u>MUST INCLU</u> | DE SUFFIX)         | <del></del> | • • •            |
|---------------------------|--|--|--------------------|-------------|------------------|
| Enclosed is an original a | nd one(1) copy of the Artic                  | cles of Incorporation and              | a check for :      | 1           |                  |
| ☐ \$70.00<br>Filing Fee   | ☐ \$78.75 Filing Fee & Certificate of Status | □\$78.75 Filing Fee & Certified Copy   | <ul><li></li></ul> |             |                  |
|                           |  | ADDITIONAL CO                          | PY REQUIRED        |             |                  |
| FROM:                     | SHAWN C. CROWLEY Name (Pr                    | inted or typed)                        | <u></u>            | · .         | :<br>3a 24       |
|                           | P. O. BOX 290880                             | Address                                | <del>-</del> · · · |             | Marin States Co. |
|                           |  | 129-0880<br>State & Zip                | <del>-</del>       |             | · · · · • • •    |

NOTE: Please provide the original and one copy of the articles.

Daytime Telephone number

(386) 562-1827

## ARTICLES OF INCORPORATION

In Compliance with Chapter 617, F.S., (Not for Profit)

|  |  | * .  |                          |
|--|--|--|--------------------------|
| The name of the corporation shall be:  |  | FILEL  | a <b>j</b>               |
| PROACTIVE TRANSITIONS, INC.  |  | 2005 MAR 11 PM 3   | • I. O                   |
| ADVICED II DELICIDAL OPPICE  |  |  |                          |
| ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing ad-   | dress of this corporation shall be:  | TALLAHASSEE FLOR   | ATE                      |
| MAIL: P. O. BOX 290880, PORT ORANGE, F   | <u>-</u>   | WEEKINGSEE FLUI  | RIUA                     |
| PHYSICAL: 1603 TAYLORWOOD DRIVE, PO  |  | -  |                          |
| ARTICLE III PURPOSE  | <u></u>  |  |                          |
| The purpose for which the corporation is organ   |  | •  |                          |
| Charitable and religious. A faith-based organi<br>charitable endeavors, including but not limited<br>development of housing opportunities, assista   | to evangelistic outreach, assistan   | ce with and provision of e                                     | listic and<br>mployment, |
| ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected of   |  |  |                          |
| Appointed by President   | or appointed,  |  |                          |
| Appointed by President   |  |  |                          |
| List name(s), address(es) and specific title(s): Shawn C. Crowley, President 1603 Taylorwood Drive Port Orange, FL 32129   | Donna Crowley, Secretary<br>1603 Taylorwood Drive<br>Port Orange, FL 32129     |  |                          |
| ARTICLE VI INITIAL REGISTERED  | AGENT AND STREET ADD   | RESS   |                          |
| The name and Florida street address (P.O. I  |  |  | -                        |
| Shawn C. Crowley   |  |  | _                        |
| 1603 Taylorwood Drive<br>Port Orange, FL 32129   |  |  |                          |
| MAIL: P.O Boc 290880, Port Orange, FL 32129  | 0-0880   |  |                          |
| ARTICLE VII INCORPORATOR   | en e                                       | e e  |                          |
| The <u>name and address</u> of the Incorporator is: Shawn C. Crowley   |  |  |                          |
| 1603 Taylorwood Drive  |  |  |                          |
| Port Orange, FL 32129  |  |  | -                        |
| **********   |  |  |                          |
| laving been named as registered agent to accept serv<br>n this certificate, I am familiar with and accept the ap   | ice of process for the above stated co<br>opointment as registered agent and a | rporation at the place design<br>gree to act in this capacity. | nated                    |
| A DA   |  | 3-8-05   |                          |
| Signature/Registered Agent   |  | Date   |                          |
| A STANLING ROGISTOR OF THE STANLING ROGISTOR O |  | Dale   |                          |

Signature/Incorporator