NO5000003996

(Requestor's Name)	
(Address)	_
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



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TRANSMITTAL LETTER

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

SUBJECT: Fami	ly Assistance	c Coalition	Inc		
SUBJECT: Family ASSISTANCE COALTION 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: Helen Swain Name (Printed or typed)					
1436 94h Street					
Nest Palm Beach 433401					

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

561-366-9692-Daytime Telephone number

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Family Assistance Coalition Inc	• • • • • • • • • • • • • • • • • • •
ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 1436 945 54. W. Palm Beach, \$1, 33401	# · ·
ARTICLE III PURPOSE The purpose for which the corporation is organized is: To divert clients Child Welfare System and assist those in need.	from the
ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected or appointed: Shall have no voting Management And affairs of the corporation shall be at a Board of Directors, whose operations in governing the corporation by statue and by the corporation's by laws. No Directors interest in or to any projectly of the corporation. ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS	members, The ell times under 4: -poration shall be actor shall harcany.
List name(s), address(es) and specific title(s): Helen Swain - CEO Elizabeth Johnson - Secretary 1436 945 St 1030 S Mangonia Cincle W. Plm. Bch. Fl 33401 W. Plm. Bch. Fl 33401	Corethia Sins 1436 946 57 W: 11m. Beh. 71 334:
ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: Helen Swain 1436 94 Steet W. Plm. Bch. Fl 33401 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: Helen Swain 1436 94 St. W. Plm. Bch. Fl 33401 ***********************************	DIVISION OF CORPCEATIONS OS APR 13 PM 1: 57 ***********************************
Having been named as registered agent to accept service of process for the above stated corporation at the in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in the signature/Registered Agent Alle A A	his capacity.
Signature/Incorporator Date	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>