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TRANSMITTAL LETTER

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

SUBJECT: A Chance For Life, 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: Dr. Georgianna Montgomery
Name (Printed or typed)

3809 42nd Pl.
Address

Vero Beach, FL 32967
City, State & Zip

(472) 321-0073
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:

A Chance For Life, Inc.

ARTICLE II PRINCIPAL OFFICE

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

3809 42nd Pl. — P.O. Box 233 Winter Beach, FL. 32971
Vero Beach, FL. 32967

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To empower excellence in skills, self-esteem, social values,
and morality for a successful and rewarding life of
youths that have encountered obstacles.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Corporation Executive Officer (CEO)

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Dr. Georgianna Montgomery (President)
Dr. Linda Marcelle (Vice President)
Mrs. Kim Jones (Treasurer)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Dr. Georgianna Montgomery — 3809 42nd Pl.
Vero Beach, FL. 32967

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Dr. Georgianna Montgomery — 3809 42nd Pl.
Vero Beach, FL. 32967

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.

Dr. Georgianna Montgomery
Signature/Registered Agent

4/13/05
Date

Dr. Georgianna Montgomery
Signature/Incorporator

4/13/05
Date

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05 APR 25 PM 4:02
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