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COVER LETTER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: The Connection Helpline, 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: Kevin R. Pokorney

Name (Printed or typed)

209 Shorewood Drive

Address

Tavares, FL 32778-2080

City, State & Zip

352-343-5962

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:

The Connection Helpline, Inc.

ARTICLE II PRINCIPAL OFFICE

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

209 Shorewood Drive, Tavares, FL 32778-2080

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Connection Helpline, Inc. is a crisis help line organized exclusively for one or more purposes as specified in section 501(c)3 of the Internal Revenue Code, including, for such purposes, the making of distributions to other organizations that qualify as exempt organizations under section 501(c)3 of the Internal Revenue Code, or corresponding section of any like future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

For election of officers, ballots shall be provided and there shall not appear any place on such ballot that might tend to indicate the person who cast such ballot. The officers of this organization shall serve for a term of three (3) years. All other directors to be chosen for the ensuing year shall be chosen at the last semiannual meeting of this organization in the same manner and style as the officers of this organization and they shall serve for a term of two (2) years. Vacancies in the Board of Directors shall be filled by a vote of the majority of the remaining members of the Board of Directors for the balance of the year.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

President: Dawn Pokorney
Vice President: Susan Polanko
Secretary: Nathalie Ivory
Treasurer: Kevin Pokorney

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Dawn R. Pokorney
209 Shorewood Drive
Tavares, FL 32778-2080

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Kevin R. Pokorney
209 Shorewood Drive
Tavares, FL 32778-2080

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.

Dawn R. Pokorney
Signature/Registered Agent

February 20, 2006
Date

Kevin R. Pokorney
Signature/Incorporator

February 20, 2006
Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA