N06000011019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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2006 OCT 23 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: North Florida Outreach and Rehabilitative Services, 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: Thomas R. Horne, SR.
Name (Printed or typed)

4025 Clearbrook Cove Rd.
Address

Jacksonville, Fl. 32218
City, State & Zip

(904) 994-9112
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)

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ARTICLE I NAME

The name of the corporation shall be: North Florida Outreach Rehabilitative Services, Inc.

ARTICLE II PRINCIPAL OFFICE

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

Place of business unknown at this. Mailing address for now will be: 4025 Clearbrook Cove Rd. Jax. Fl. 32218

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide daily feeding, program for the homeless & and disadvantaged; along with a Drop In Center housing, Transitional Housing to active participan of our Barber Stylist Program, and other supportive services. Our target will the homeless & displaced Vet's.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

All directors will be appointed by the President / CEO

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Thomas R. Horne, Sr.
President / CEO
4025 Clearbrook Cove Rd.
Jax. Fl. 32218

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Thomas R. Horne, Sr.
4025 Clearbrook Cove Rd.
Jax. Fl. 32218

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Thomas R. Horne, Sr.
4025 Clearbrook Cove Rd.
Jax. Fl. 32218

****

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.

Thomas R. Horne, Sr. — 10/18/06
Signature/Registered Agent — Date

Thomas R. Horne, Sr. — 10/18/06
Signature/Incorporator — Date