N07000009008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

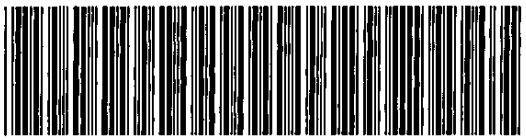
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

W07-33273

~~W07-25294~~



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05/23/07--01041--005 **87.50

MRS
9/13

FILED
07 SEP 13 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: RECONNECTION OF FAMILYS FAITH BASE PROGRAM 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: TWONDY G WILCOX
Name (Printed or typed)

545sw13ave apt4
Address

ftlauderdale,fl.33312
City, State & Zip

754-204-3764 or954-634-0298
Daytime Telephone number

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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 25, 2007

TWONDY A WILCOX
545 SW 13 AVE
#4
FT LAUDERDALE, FL 33312

SUBJECT: RECONECTION OF FAMILY FAITH BASED PROGRAM INC.
Ref. Number: W07000025294

We have received your document for RECONECTION OF FAMILY FAITH BASED PROGRAM INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears the filing submitted has a typographical error in the entity name. Please verify this name and all other information contained in the filing and resubmit it for processing.

We are enclosing the proper form(s) with instructions for your convenience.

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

It appear as though you are wanting to file a non-profit corporation. If so complete the form enclosed. If not then you will need to complete the profit corporation form that you mailed in to us in its entirety.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 207A00036560

RECEIVED
07 JUL 12 AM 7:30

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
07 SEP 13 PM 12:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

July 12, 2007

TWONDY A WILCOX
545 S W 13 AVE
#4
FT LAUDERDALE, FL 33312

SUBJECT: RECONNECTION OF FAMILYS FAITH BASE PROGRAM INC.
Ref. Number: W07000033273

We have received your document for RECONNECTION OF FAMILYS FAITH BASE PROGRAM INC. and your check(s) totaling $87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap
Regulatory Specialist
New Filing Section

Letter Number: 007A00044455

ARTICLES OF INCORPORATION

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

RECONNECTION OF FAMILYS FAITH BASE PROGRAM INC

ARTICLE II PRINCIPAL OFFICE

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

545sw13ave ft lauderdale,fl.33312 #4

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

familys service include educational housing mental health workshop health rm.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed: every two years. election

by vice presibent twondy wilcox

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

ROOSEVELT brockington president /TWONDY G WILCOX VICEPRESIDENT

545sw13ave ft lauerdale,fl.33312 #4

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

TWONDY G WILCOX 545sw13ave ft lauderdale,fl.33312 #4

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07 SEP 13 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

ROOSEVELT BROCKINGTON
TWONDY G WILCOX 545sw 13ave #4 ftlauerdale,33312

****

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.

twondy gwilcox
Signature/Registered Agent

6-1-07
Date

TWONDY G WILCOX
Signature/Incorporator

6-1-07
Date