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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Christ's S.O.S. Outreach, 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: Rose Schaefer
Name (Printed or typed)

17348 NE 39th Court
Address

Citra, FL. 32113
City, State & Zip

352-216-0792
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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TALLAHASSEE, FLORIDA

ARTICLE I· NAME

The name of the corporation shall be:

christ's S.O.S. Outreach, Inc.

ARTICLE II PRINCIPAL OFFICE

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

17348 NE 39th court
citra, FL. 32113

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

the primary purpose of the Outreach is to Provide a community Service to homeless women and their children. Providing housing, education, counseling and related help so they may achieve independence.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Founder Rose schaefer has chosen each member because God has sent each one - New board members will be chosen by vote, and prayer

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Dr. karen Gold
303 SE 17th Ave
Ste. 309-184
Ocala FL 34471
• (mental Health Program Director)

REV. MARC D. SPAeth
7643 S.W. 78TH ST.
OCALA, Fla 34476
• (vice-president)

Quiana Wilkerson
17671 NE 16th terr
citra, FL. 32113
• (secretary)

marie schaefer
10545 SE 150th PL.
Summerfield, FL. 34491
• (Fundraising Director)

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Rose schaefer
17348 NE 39th ct.
citra, FL. 32113

mailing. P.O. BOX 1167
citra, FL. 32113

Rose schaefer
PO BX 1167
citra FL 32113
(President)

ARTICLE VII INCORPORATOR

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

Effective, Feb 14, 2008

Rose Schaefer
P.O. BOX 1167
citra, FL 32113

****

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.

Rose Schaefer — Rose schaefer — 1-28-2008

Signature/Registered Agent — Date

Rose Schaefer — Rose schaefer — 1-28-2008

Signature/Incorporator — Date