

N08000001767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

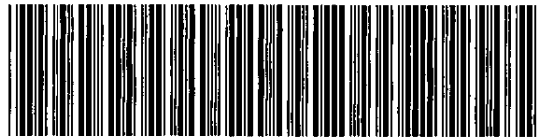
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

611-619
W08-7231



100116762431

02/08/08--01017--005 **87.50

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 21 PM 4:21

2/21/08

COVER LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 FEB 21 PM 4:21

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

SUBJECT: THE SIXTH DAY HOMELESS FAMILY CENTER 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: GLADYS D. CALHOUN
Name (Printed or typed)

2070 SW. SAVAGE BLVD
Address

PORT SAINT LUCIE, FL 34953
City, State & Zip

(772) 204- 2434
Daytime Telephone number

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



RECEIVED

08 FEB 21 AM 8:00

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 11, 2008

GLADYS D. CALHOUN
2070 SW SAVAGE BLVD.
PORT SAINT LUCIE, FL 34953

SUBJECT: THE SIXTH DAY HOMELESS FAMILY CENTER INC.
Ref. Number: W08000007231

We have received your document for THE SIXTH DAY HOMELESS FAMILY CENTER 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):

The registered agent must sign accepting the designation.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected 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) 245-6973.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 508A00008852

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 21 PM 4:21

copy of the document for THE SIXTH DAY HOMELESS FAMILY CENTER 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):
The registered agent must sign accepting the designation.
Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.
Please return the corrected 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) 245-6973.

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

ARTICLE I NAME

The name of the corporation shall be:

THE SIXTH DAY HOMELESS FAMILY CENTER inc.

ARTICLE II PRINCIPAL OFFICE

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

**2070 SW. SAVAGE BLVD
PORT SAINT LUCIE, FL 34953**

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE SHELTER FOR HOMELESS FAMILIES

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

**BOARD OF DIRECTORS WILL BE APPOINTED BY
GLADYS CALHOUN**

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

NONE AT THIS TIME

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

**GLADYS D. CALHOUN
2070 SW. SAVAGE BLVD. PORT SAINT LUCIE, FL. 34953**

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

**GLADYS D. CALHOUN 2070 SW. SAVAGE BLVD. pORT
SAINT LUCIE, FL. 34953**


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.



Signature/Registered Agent

02/05/08

Date



Signature/Incorporator

02/05/08

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 FEB 21 PM 4:21