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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MRS 2/13

COVER LETTER

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

SUBJECT: SAFER SANTA ROSA 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: TRACIE MCMAHAN
Name (Printed or typed)

4553 KELLY LN.
Address

GULF BREEZE, FL 32563
City, State & Zip

850-380-2331
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:

SAFER SANTA ROSA INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4499 PINE FOREST RD
MILTON, FL 32583

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

NON PROFIT:DISASTER RELIEF

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

VOTED INTO OFFICE BY MEMBERS

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

RICHARD C FOX JR- CHAIRPERSON:6820 HWY N. MILTON, FL 32570
GREG NEWCHURCH-VICE CHAIRPERSON: 3400 WILLARD NORRIS RD. PACE, FL 32571
SARAH DODGION-SECRETARY: 3682 QUAIL RUN RD. GULF BREEZE, FL 32563
TRACIE MCMAHAN-TREASURER: 4553 KELLY LN. GULF BREEZE, FL 32563

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

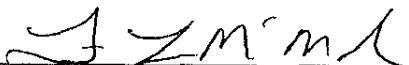
TRACIE MCMAHAN
4553 KELLY LN.
GULF BREEZE, FL 32563

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SARAH DODGION
3682 QUAIL RUN RD
GULF BREEZE, FL 32563

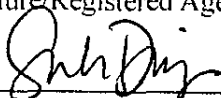
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

2-9-09

Date



Signature/Incorporator

2-9-09

Date

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09 FEB 12 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA