

N09000006396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

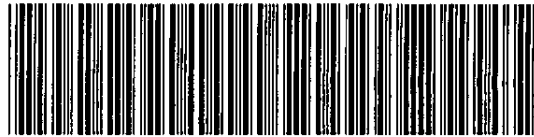
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2009 JUN 30 PM 4:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

209-25994

T. Bush JUL 1 - 2009

COVER LETTER

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

SUBJECT: The Haven Of Distressed Families, 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: Cynthia Brennan
Name (Printed or typed)

10202 Quails Landing Ave.
Address

Tampa, Florida 33647
City, State & Zip

813-991-5492
Daytime Telephone number

cyn_br9@hotmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2009

CYNTHIA BRENNAN
10202 QUAILS LANDING AVE
TAMPA, FL 33647

SUBJECT: THE HAVEN FOR DISTRESSED FAMILIES, INC.
Ref. Number: W09000025994

We have received your document for THE HAVEN FOR DISTRESSED FAMILIES, 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 document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

Letter Number: 209A00018685

RECEIVED
DEPARTMENT OF STATE
09 JUN 30 AM 8:27

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

ARTICLE I NAME

The name of the corporation shall be:

The Haven For Distressed Families, Inc.

ARTICLE II PRINCIPAL OFFICE

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

10202 Quails Landing Ave.
Tampa, Fl 33647

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To support, assist and find solutions to aide individuals and families in need of assistance getting their lives back on track in an organized direction.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Elected by a majority vote of principals.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Cynthia Brennan, 10202 Quails Landing Ave., Tampa, Fl. 33647 (President)
Nathaniel Brennan, 10202 Quails Landing Ave., Tampa, Fl. 33647 (COO)
Alyndria Williams, 17539 Whispering Star Ct., Houston, Tx. 77095

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

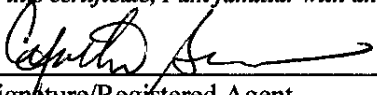
Cynthia Brennan
10202 Quails Landing Ave.
Tampa, Fl. 33647

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Nathaniel Brennan
10202 Quails Landing Ave.
Tampa, Fl. 33647

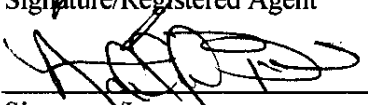
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.

 Cynthia Brennan

Signature/Registered Agent

5/19/2009

Date

 Nathaniel Brennan

Signature/Incorporator

5/19/2009

Date

FILED

2009 JUN 30 PM 4: 43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA