

N09000012015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

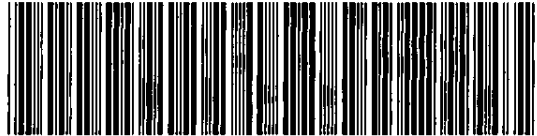
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

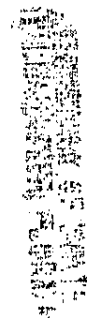
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

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

SUBJECT: Angels in the Neighborhood, 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: Jolene Palazzo-Ford
Name (Printed or typed)

3244 Park Branch Avenue
Address

Clermont, FL 34711
City, State & Zip

(407) 614-3854
Daytime Telephone number

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

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:

Angels in the Neighborhood, Inc

ARTICLE II PRINCIPAL OFFICE

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

3244 Park Branch Avenue
Clermont, FL 34711

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide the less fortunate in the community with services to facilitate independence and re-entry into mainstream society. Including but not limited to food, clothing, employment skills, mental health services, and substance abuse.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Board of Directors will be selected via an application process. Criteria for board members will include understanding of issues related to homelessness, activity/visibility within the community, and familiarity with substance abuse population. Additionally, one board member will always be reflective of the client population served.

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

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

Jolene Palazzo-Ford- 3244 Park Branch Avenue Clermont, FL 34711- Executive Director
Emmett Ford 3244 Park Branch Avenue Clermont, FL 34711- Director of Operations
Joanna Palazzo 3663 Briar Run Drive Clermont, FL 34711- Secretary

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

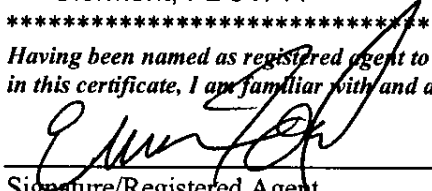
Emmett Ford
3244 Park Branch Avenue
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jolene Palazzo Ford
3244 Park Branch Avenue
Clermont, FL 34711

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

12-11-09

Date



Signature/Incorporator

12-11-09

Date

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