

N10000009861

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

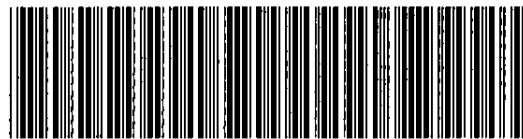
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Mr. Sweet **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Article (T-1)
DATE 10/20/10
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 OCT 19 PM 3:46

APPROVED
AND
FILED

COVER LETTER

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

SUBJECT: House of Free Spirit
(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: Rev. Michael Sweet
Name (Printed or typed)

1917 Macomber Av #B
Address

Clearwater FL 33755
City, State & Zip

727-812-2176
Daytime Telephone number

msweet6@tampabay-PR.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: House of Free Spirit Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

PO Box 86 1917 Macomber Ave #B
Clm. FL 33755

Mailing address, if different is:

PO Box 8650
Clm. FL
33758

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Helping the needy

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By vote on their skills and decision making

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rev. Michael Sweet
Address: pastor + treasurer

Name and Title: Heather Bewsey
Address: Secretary + Aid

Name and Title: Wayne Wilkens
Address: Board member + Aid

Name and Title: Alex Bewsey
Address: Maintenance and Board

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: House of Free Spirit Rev. Michael Sweet
Address: 1917 Macomber Ave #B
Clm FL 33755

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Michael D Sweet
Address: 1917 Macomber Ave #B
Clm FL 33755

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

Rev. Michael D Sweet
Required Signature of Registered Agent

10/15/10
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael D Sweet
Required Signature of Incorporator

10/15/10
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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