

N 10 0000 10526

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

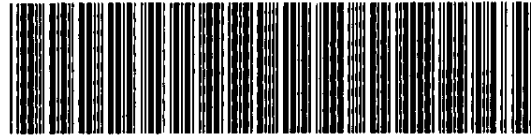
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers NOV 10 2010

W10-51903  
2568

## COVER LETTER

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

SUBJECT: Your Refuge at Tampa Bay, 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: Otto Frauenzimmer

Name (Printed or typed)

2408 Evenglow Ave

Address

Spring Hill, FL 34609-3911

City, State & Zip

352-688-0770

Daytime Telephone number

refugetampabay@aol.com

E-mail address: (to be used for future annual report notification)

FILED  
2010 NOV -9 PM 3:14  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS

**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:

Your Refuge at Tampa Bay, Inc.

## ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

2408 Evenglow Ave  
Spring Hill, FL 34609-3911

PO Box 151751  
Tampa, FL 33684-1751

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide supervised living space for homeless young adults ages 18 through 24. The program offers opportunities to learn life skills necessary to move towards self-sufficiency and independent living.

## ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Directors are elected by members via mailed ballot. Interim directors are appointed by 2/3 vote of board.

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Otto Frauenzimmer - Program Director  
Address: 2408 Evenglow Ave  
Spring Hill, FL 34609-3911

Name and Title: Jerry Arnette - Assistant Program Director  
Address: 12314 Witheredge Dr.  
Tampa, FL 33624-5727

Name and Title: Jason Smith Director of Finance  
Address: 12314 Witheredge Dr.  
Tampa, FL 33624-5727

Name and Title: Randall D. Cobb, ARNP - Dir. Mental Health Services  
Address: 508 S. Habana Ave., Ste. 320  
Tampa, FL 33609

Name and Title: Dennis Reed - Director of Education  
Address: 2408 Evenglow Ave  
Spring Hill, FL 34609-3911

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

## ARTICLE VI REGISTERED AGENT

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

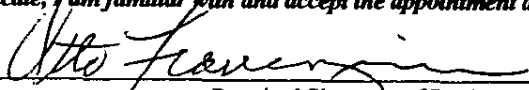
Name: Otto Frauenzimmer  
Address: 2408 Evenglow Ave  
Spring Hill, FL 34609-3911

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Otto Frauenzimmer  
Address: 2408 Evenglow Ave  
Spring Hill, FL 34609-3911

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

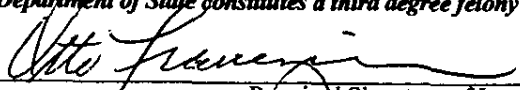


Required Signature of Registered Agent

October 30, 2010

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.



Required Signature of Incorporator

October 30, 2010

Date

FILED  
2010 NOV -9 PM 3:14  
CLERK OF THE COURT  
TAMPA, FLORIDA