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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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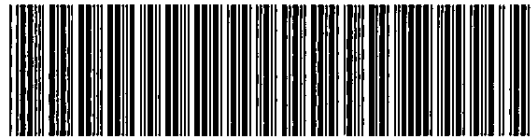
(Business Entity Name)

(Document Number)

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APR - 8 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PS 4/11/11

## COVER LETTER

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

SUBJECT: House of Refuge Family Preservation Center, 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: Alonzo Smith  
Name (Printed or typed)

3021 Marshfield Preserve Way  
Address

Kissimmee, FL 34746  
City, State & Zip

\_\_\_\_\_  
Daytime Telephone number

pastorsmith@helloworld.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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### **ARTICLE I NAME**

The name of the corporation shall be:

House of Refuge Family Preservation Center, Inc.

### **ARTICLE II PRINCIPAL OFFICE**

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

3021 Marshfield Preserve Way  
Kissimmee, FL 34746

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

House of Refuge Family Preservation Center, Inc. is a PUBLIC BENEFIT nonprofit corporation that is organized and operated exclusively for charitable and educational purposes within the meaning of Section 501 ( c )(3) of the Internal Revenue Code, or corresponding section of any future federal tax code. Specifically, this nonprofit corporation is organized and operated to provide recreational, educational, and supportive social services to economically disadvantaged, unemployed and underemployed community residents of Central Florida by providing direct services such as counseling, youth mentorship programs. In addition informational and referral services will be provided to link community residents to existing health, educational and social services with the goal of diminishing high rates of unemployment, crime, illiteracy and poor access to health care.

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purposes set forth above. No part of the activities of the organization shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements), any political campaign on behalf of any candidate for public office. Notwithstanding any other provisions, the corporation shall not carry on any other activities not permitted to be carried on by a corporation exempt from Federal Income Tax under section 501 ( c )(3) of the Internal Revenue Code, or corresponding provisions of any future United States Internal Revenue Code.

### **ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected or appointed:  
As provided for in the Bylaws

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TALLAHASSEE, FLORIDA

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

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

Alonzo Smith, President  
3021 Marshfield Preserve Way  
Kissimmee, FL 34746

Lasonjia Holliday, Treasurer  
1012 Whittier Cir.  
Oviedo, FL 32765

Brian Lucas, Director  
478 W. Palm Valley Dr.  
Oviedo, FL 32765

Kammi-Berry-McCray, Secretary  
587 Indigo Rd  
Altamonte Springs, FL 32714

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

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

Alonzo Smith  
3021 Marshfield Preserve Way  
Kissimmee, FL 34746

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:


Alonzo Smith  
3021 Marshfield Preserve Way  
Kissimmee, FL 34746

**ARTICLE VIII DISSOLUTION**

Upon dissolution of the corporation, its assets remaining after payment of, or provision for payment of all debts and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation which is organized and operated exclusively for charitable or educational purposes and which has established its tax exempt status under section 501 ( c )(3) of the Internal Revenue Code.

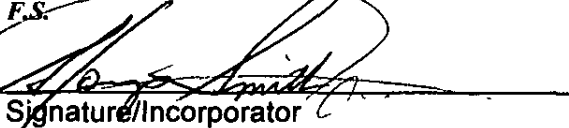
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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
Signature/Registered Agent

3/14/11  
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.*

  
Signature/Incorporator

3/14/11  
Date