

N 11000005094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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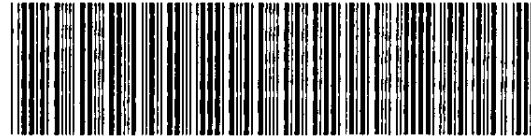
(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATION
2011 MAY 23 PM 1:48

gr 5/25/11

COVER LETTER

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

SUBJECT: Dignity For All, 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: John F Mostler

Name (Printed or typed)

974 SW Cecil Lane

Address

Port Saint Lucie Florida, 34953

City, State & Zip

772-528-5911

974 SW Cecil Lane Telephone number

DeaconJFM@aol.com

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

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

2011 MAY 23 PM 1:43
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Dignity For All, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
974 SW Cecil Lane
Port Saint Lucie, Florida, 34953

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
Mailing address, if different is:
MAY 23 PM 1:43

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Our mission is aid and comfort to the homeless and those people living on the margins of society.
We will supply food, shelter, clothing and recommend doctors, dentists and other aid.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Initially self appointed followed by elections every four years thereafter by members vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John F Mostler Director
Address: 974 SW Cecil Lane
Port Saint Lucie, Florida 34953

Name and Title: _____
Address: _____

Name and Title: Sal DeCarlo, Director
Address: 410 SW Ryder Road
Port Saint Lucie, Florida 34953

Name and Title: _____
Address: _____

Name and Title: Margaret A Mostler, Director
Address: 974 SW Cecil Lane
Port Saint Lucie, Florida 34953

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: John F Mostler
Address: 974 SW Cecil Lane
Port St Lucie, FL 34953

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: John F Mostler
Address: 974 SW Cecil Lane
Port St Lucie, FL 34953

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

John F Mostler
Required Signature of Registered Agent

5/4/2011
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.

John F Mostler
Required Signature of Incorporator

5/4/2011
Date