

N1100000 SF75

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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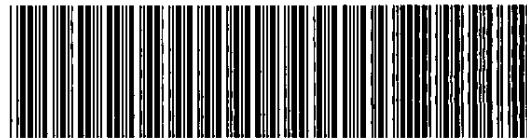
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 SEP 19 AM 10:46

PS 9/20/11

COVER LETTER

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

SUBJECT: Fountains of Relief, 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: David Boyer

Name (Printed or typed)

MLC 37, 9601 Miccosukee Rd.

Address

Tallahassee, FL 32309

City, State & Zip

931-980-8766

Daytime Telephone number

davidaboyer@gmail.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: Fountains of Relief, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
MLC 37, 9601 Miccosukee Rd
Tallahassee, FL 32309

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation is formed exclusively for charitable and educational purposes within the meaning of section 501(c)(3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

DISSOLUTION Upon winding up and dissolution of the Corporation, the assets of the Corporation remaining after payment of all debts and liabilities shall be distributed to an organization recognized as exempt under section 501(c)(3) of the Internal Revenue Code of 1986 to be used exclusively for charitable and educational purposes. If the Corporation holds any assets in trust, such assets shall be disposed of in such a manner as may be directed by decree of the Circuit Court of the district in which the Corporation's principal office is located, upon petition thereof by the Attorney General or by any person concerned in the liquidation.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Per Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Edith Sheeks, President
Address: MLC 37, 9601 Miccosukee Rd
Tallahassee, FL 32309

Name and Title: David Boyer, Vice-President
Address: 2532 Golden Park Ln
Tallahassee, FL 32303

Name and Title: Keith Flynn, Secretary/Treasurer
Address: 1445 Fisher Ln
Tallahassee, FL 32301

Name and Title: Carol Stachurski, Officer at Large
Address: 4700 Flowerwood Dr.
Tallahassee, FL 32303

Name and Title: Carolyn Boyer, Public Information Officer
Address: 2532 Golden Park Ln
Tallahassee, FL 32303

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: David Boyer
Address: 2532 Golden Park Ln
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David boyer
Address: 2532 Golden Park Ln
Tallahassee, FL 32303

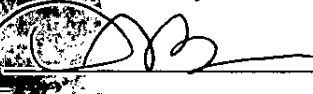
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

9/14/2011
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.



Required Signature of Incorporator

9/14/2011
Date

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