

N11000009101

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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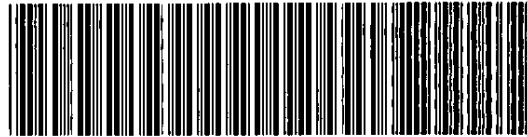
(Business Entity Name)

(Document Number)

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COVER LETTER

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

SUBJECT: APM New Beginnings Community Outreach, 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: Dr. John Bliss
Name (Printed or typed)

13914 Vista Del Lago
Address

Clermont, FL 34711
City, State & Zip

954-942-0503
Telephone number

evangelsaint7@yahoo.com
E-mail address: (to be used for future annual report notification)

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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: APM New Beginnings Community Outreach, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
13914 Vista Del Lago
Clermont, FL 34711

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to operate thrift stores to provide the poor with affordable household goods; the profits of which, if any, shall be used exclusively to fund additional nonprofit, charitable activities such as, but not limited to, a community youth center, educational scholarships and emergency assistance to needy families.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

An initial Board of Directors has been appointed. Board vacancies shall be filled according to the election process indicated in the corporation's by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. John Bliss, Director and President
Address: 13914 Vista Del Lago
Clermont, FL 34711

Name and Title: Kevin Jarrett
Address: 627 Arden Avenue
Steubenville, OH 43952

Name and Title: Dr. Toni Bliss, Corporate Secretary
Address: 13914 Vista Del Lago
Clermont, FL 34711

Name and Title: _____
Address: _____

Name and Title: Kathleen Hagerman, Director
Address: 13 Black Oak Court
Palm Coast, FL 32137

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: Dr. John Bliss
Address: 13914 Vista Del Lago
Clermont, FL 34711

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. Toni Bliss
Address: 13914 Vista Del Lago
Clermont, FL 34711

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

Dr. John Bliss
Required Signature of Registered Agent

9/22/11
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.

John Bliss
Required Signature of Incorporator

9/22/11
Date

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2011