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COVER LETTER

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

SUBJECT: BREAD OF LIFE MISSION OF SOUTHWEST FLORIDA, INCORPORATED (PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☐ \$70.00 Filing Fee Filing Fee & Certificate of Status

\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate			
ADDITIONAL COPY REQUIRED				

FROM: BREAD OF KIFE MISSION OF SOUTHWEST, FLORIDA, INC.

Name (Printed or typed)

6454 SCOTT STREET

Address

PUNTA GORDA, FLORIDA 33950

City, State & Zip

239-941-575-4440

6454 SCORTINEEEEphone number

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

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

	NAME		
The name of the cor	poration shall be: BREAD OF LIFE MISS	SION OF SOL	JTHWEST FLORIDA,INC.
ARTICLE II	PRINCIPAL OFFICE		
	Principal <u>street</u> address		Mailing address, if different is:
	6454 SCOTT STREET		
	PUNTA GORDA ELORIDA 33950	_	
ARTICLE III	PURPOSE		
The purpose for wh	ich the corporation is organized is:		
TO PROVIDE	HUMAN AND SOCIAL SERVICES	TO THE POC	R AND HOMELESS.
ARTICLE IV	MANNER OF ELECTION The manner in	which the director	rs are elected and appointed:
		which are director	
	OM MEMBERSHIP.		
ARTICLE V	INITIAL OFFICERS AND/OR DIRECTO		
Address:	6454 SCOTT STREET	Address:	6454 SCOTT STREET
Address.	PUNTA GORDA, FLORIDA 33950		PUNTA GORDA, FLORIDA 33950
Nome and Tit	le:BETTY BARTON	Nome and Title	e: ROBERT BURNS
Address:	6454 SCOTT STREET	Address:	6454 SCOTT STREET
Address.	PUNTA GORDA, FLORIDA 33950		PUNTA GORDA, FLORIDA 33950
		-	<u> </u>
Nome and Tit	le: RUSSELL UHLIG	Name and Title	e:
Address:	6454 SCOTT STREET	Address:	Ç
/ tudi coo.	PUNTA GORDA, FLORIDA 33950		
		-	
ARTICLE VI	REGISTERED AGENT		
	ida street address (P.O. Box NOT acceptable) of	f the registered age	ent is:
Name:	JUDY JONES		
Address:	6454 SCOTT STREET	_	
	PUNTA GORDA, FLORIDA 33950	-	
		-	
ARTICLE VII	INCORPORATOR		
	ress of the Incorporator is:		
Name:	JUDY JONES		
Address:	6454 SCOTT STREET		
	PUNTA GORDA,FLORIDA 33950	_	
	d as registered agent to accept service of proce ailiar with and accept the appointment as register 1000		stated corporation at the place designated in this ee to act in this capacity
A Kul	Required Signature of Registered Agent		Date
\cup	Required Signature of Registered Agent		Date
	nent and affirm that the facts stated herein are th f State constitutes_a third degree felony as provid		hat any false information submitted in a document 5, F.S.

Lo the Department of State constitutes a third degree Jelony as provided for in 5.817.153, F.S.

Required Signature of Incorporator

Date

AMENDMENT TO ARTICLES

Upon Dissolution of the corporation all assets of the corporation shall be donated to a qualifies Non-profit organization in good standing as prescribed by IRS Tax Codes.

Adopted this _____day of December 2011.

<u>e.D. M.</u> Judy Jopes Approved By: (onen, President