

N/2000002274

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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12 FEB 28 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W/11-62232

K 03/01/12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2011

MEGAN JEAN DURGAN
1451 GULF BLVD.
SUITE #118
CLEARWATER, FL 33767

SUBJECT: EMBRACING LIFE THROUGH LOVE, INC.
Ref. Number: W11000062232

We have received your document for EMBRACING LIFE THROUGH LOVE, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

The document number of the name conflict is L10000075679 (EMBRACING LIFE THOROUGH LOVE, LLC).

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Section 617.0803, Florida Statutes, requires that the board of directors never have fewer than three directors.

Bylaws are not filed with this office. Please retain them for your records.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6949.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 311A00027840

COVER LETTER

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

SUBJECT: Embracing Life Through Love, 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: Megan Jean Durgan

Name (Printed or typed)

1451 Gulf Blvd, Suite #118

Address

Clearwater, FL. 33767

City, State & Zip

(813)690-5433

Daytime Telephone number

mdurgan@embracinglifethroughlove.com

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

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

February 9, 2012

Florida Department of State
Division of Corporations
ATTN: Thomas Chang-Regulatory Specialist II
P.O. Box 6327
Tallahassee, FL 32314

Subject: EMBRACING LIFE THROUGH LOVE, INC.
Letter Number: 311A00027840

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

This letter is to inform you that the principals are the same in both entities: Embracing Life Through Love, LLC Ref. Number L10000075679 and Embracing Life Through Love, Inc. Ref. Number W11000062232. I, Megan Jean Durgan am the representative for both. Once the approval for Embracing Life Through Love, Inc. is received, I will then file for Articles of Dissolution for Embracing Life Through Love, LLC.

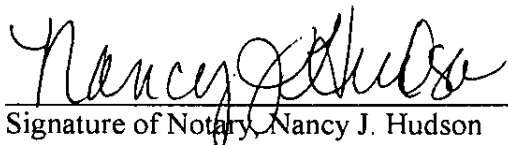
If you should have any questions concerning this matter, please contact me at your earliest convenience at (813) 690-5433.

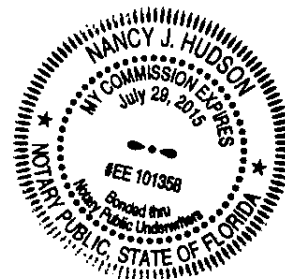
Sincerely,


Megan J. Durgan

BEFORE ME, the undersigned Notary,

NANCY J. HUDSON [name of Notary before
whom affidavit is sworn], on this 9th [day of month] day of
FEBRUARY [month], 20 12, personally appeared
Megan J. Durgan [name of affiant], known to
me to be a credible person and of lawful age, who being by me first duly sworn, on
HER [his or her] oath.


Signature of Notary, Nancy J. Hudson



ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: **Embracing Life Through Love, Inc.**

ARTICLE II PRINCIPAL OFFICE

Principal street address

1451 Gulf Blvd.

Suite #118

Clearwater, FL 33767

Mailing address, if different is:

P.O. Box 160

Safety Harbor, FL 34695

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The corporation has been founded for the purpose of supporting care of individuals with Amyotrophic Lateral Sclerosis and any other disease or illness. To assist and support any and all clinical treatment, education, and promotion of independence. It is our mission to integrate the best of all therapeutic modalities in a safe, effective, and respectful manner, with the intent to nurture and enhance the quality of life. We will engage in solicitation of funds, and fund-raising activities such as runs, golf tournaments, galas, baseball/softball games, bike races, auctions, etc.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

As stated in bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Megan J. Durgan, Director**

Address: 1451 Gulf Blvd

Suite #118

Clearwater, FL 33767

Name and Title: **Matthew L. June, Director**

Address: 4814 Ridgemoor Circle

Palm Harbor, FL 34685

Name and Title: **Peter P. DeVecchio, Director**

Address: 212 Los Prados Drive

Safety Harbor, FL 34695

Name and Title: **Jacqueline June, Director**

Address: 4814 Ridgemoor Circle

Palm Harbor, FL 34685

Name and Title: **Barbara M. Palomino, Director**

Address: 1936 Oak Ridge Court

Clearwater, FL 33764

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: **Sally Lindberg and Associates, Inc.**

Address: **ATTN: Julia Rhoads, EA**
29605 U.S. HWY 19 North, Suite #260
Clearwater, FL 33761

ARTICLE VII INCORPORATOR

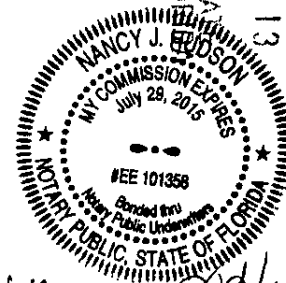
The name and address of the Incorporator is:

Name: **Megan J. Durgan**

Address: 1451 Gulf Blvd.

Suite #118

Clearwater, FL 33767



Nancy J. Hudson
2-9-12

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

Julia Rhoads
Julia Rhoads

Required Signature of Registered Agent

2/9/12
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.

Megan J. Durgan
Megan J. Durgan

Required Signature of Incorporator

2-9-12
Date