

N120000007965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

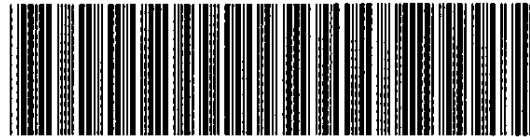
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Leslie Griner **GAVE**
AUTHORIZATION BY PHONE TO
CORRECT Articles I, & II
DATE 8/17/12
DOC. ID# MPD

Office Use Only



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08/16/12--01001--011 **87.50

FILED

12 AUG 16 AM 10:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MPD
8/17/12

COVER LETTER

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

SUBJECT: Family Promise of Charlotte County

(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: Leslie Griner

Name (Printed or typed)

320 Kensington Street

Address

Port Charlotte, Florida 33954-3006

City, State & Zip

941-764-0322

500 Sable Drive Telephone 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
In compliance with Chapter 617, F.S., (Not for Profit)

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12 AUG 16 AM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME Family Promise of Charlotte County, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
500 Sable Street
Port Charlotte, Florida 33954

Mailing address, if different is:
320 Kensington Street
Port Charlotte, Florida 33954-3006

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
provide temporary housing for homeless families utilizing "host" facilities, comprehensive support services, "Day" center, transportation and counseling

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:
general vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Aisling Bumgardner, Chairman
Address: 2109 Royal Terr Circle
Punta Gorda, FL 33983

Name and Title: Mimi Burroughs, Secretary
Address: 500 Sable Street
Port Charlotte, FL 33954

Name and Title: Cheryl Fattorusso, ViceChairman
Address: 714 West Olympia Ave
Punta Gorda, FL 33950

Name and Title: _____
Address: _____

Name and Title: Leslie Griner, Treasurer
Address: 320 Kensington Street
Port Charlotte, FL 33954-3006

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: Leslie Griner
Address: 320 Kensington Street
Port Charlotte, FL 33954-3006

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Leslie Griner
Address: 320 Kensington Street
Port Charlotte, FL 33954-3006

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

Leslie Griner
Required Signature of Registered Agent

8/2/12
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.

Leslie Griner
Required Signature of Incorporator

8/2/12
Date