

N12000008600

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

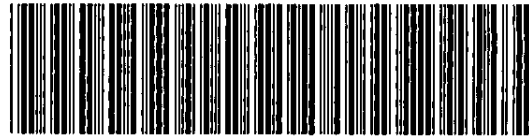
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

SCOTT Mahurin GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT ARTICLES IV+V  
DATE 9/7/12  
DOC. EXAM MPR

Office Use Only



700238079397

08/06/12--01019--009 \*\*87.50

FILED  
12 SEP -6 PM 4: 14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MPR  
9/7/12

COVER LETTER

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

SUBJECT: FLORIDA PREBORN RESCUE  
(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: SCOTT J. MAHURIN  
Name (Printed or typed)

2710 17TH AVE N.  
Address

ST. PETERSBURG, FL 33713  
City, State & Zip

727 481 3354  
Daytime Telephone number

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

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



RECEIVED

12 SEP -6 AM 10:31

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 7, 2012

SCOTT J MAHURIN  
2710 17TH AVE N  
ST PETERSBURG, FL 33713

SUBJECT: FLORIDA PREBORN RESCUE  
Ref. Number: W12000041231

We have received your document for FLORIDA PREBORN RESCUE 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 must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

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) 245-6052.

Ruby Dunlap  
Regulatory Specialist II  
New Filing Section

Letter Number: 112A00020433

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

**ARTICLE I. NAME**

The name of the corporation shall be:

Florida Preborn Rescue, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
2710 17th Ave North  
St. Petersburg, FL  
33713

Mailing address, if different is:

P.O. Box 10976  
St. Petersburg, FL  
33733

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

to promote pro-life activism throughout Florida  
by partnering with Churches and individuals who are  
pro-life.

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

Appointed

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Scott Mahurin (Director)  
Address: 2710 17th Ave N  
St. Petersburg, FL  
33713

Name and Title: Rebecca Fulwood - Director  
Address: 765 Avalon Rd.  
Jackson, MS  
39206

Name and Title: Adam Keffer - Director  
Address: 410 Courtney  
Temple Terrace, FL  
33617

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Scott J. Mahurin  
Address: 2710 17th Ave N  
St. Petersburg, FL  
33713

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Scott J. Mahurin  
Address: 2710 17th Ave N.  
St. Petersburg, FL  
33713

FILED  
12 SEP -6 PM 4:14  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Scott J. Mahurin

Required Signature of Registered Agent

7-28-12

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.

Scott J. Mahurin

Required Signature of Incorporator

7-28-12

Date