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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers SEP 19 2012

COVER LETTER

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

SUBJECT: Getaway Now, 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: Emma Garcia-Rose, C.O.O.

Name (Printed or typed)

461 North Ocean Blvd. Suite 5

Address

Boca Raton, Florida 33432-4231

City, State & Zip

561-245-1516

Daytime Telephone number

emma@getawaynowinc.com

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Getaway Now, Inc.

The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

461 North Ocean Drive Suite 5
Boca Raton, Florida 33432-4231

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Getaway Now Inc. is a non-profit group that specifically focuses on the education and support of Parents with special needs children. Getaway Now will include counseling services, family retreats and continuing educational resources geared toward preserving the family unit.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:
Officers are volunteers assisting in non-profit.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Thomas A. Begier, Founder-CEO
Address: 461 N. Ocean Blvd.
Suite 5
Boca Raton, Florida 33432-4231

Name and Title: _____
Address: _____

Name and Title: Aaron Begier, Co-Founder-CFO
Address: 461 N. Ocean Blvd.
Suite 5
Boca Raton, Florida 33432-4231

Name and Title: _____
Address: _____

Name and Title: Emma Garcia-Rose, Treasurer-C.O
Address: POBox 375
Deerfield Beach, Florida 33443

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: Emma Garcia-Rose
Address: 7624 SW 10th Street
North Lauderdale, Florida 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Emma Garcia-Rose
Address: POBox 375
Deerfield Beach, Florida 33443

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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

Emma Garcia-Rose
Required Signature of Registered Agent

9-13-12
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.

Emma Garcia-Rose
Required Signature of Incorporator

9-13-12
Date