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(City/State/Zip/Phone #)

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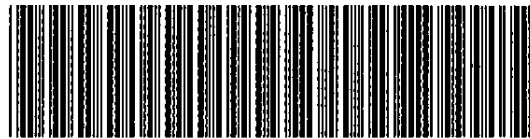
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 MAY -3 PM 3:46

FILED

K 05/06/13

COVER LETTER

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

SUBJECT: Love The Golden Rule

(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: Robert J Wallace, MD
Name (Printed or typed)

1770 52nd Ave N
Address

St. Petersburg, FL 33714
City, State & Zip

727-424-4101
Daytime Telephone number

bob@lovethgoldenrule.com
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)

ARTICLE I NAME

The name of the corporation shall be: Love The Golden Rule Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1770 52nd Ave N

Mailing address, if different is:

St. Petersburg, FL 33714

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Love The Golden Rule is an organization dedicated to advancing and enhancing the lives of anyone who has ever had a dream. It will initially be a resource center for those seeking help to put their lives on a new path. We are visibly, through social media and the internet, expanding to teach a new Golden Rule: Be Happy, Help Others. We have plans in progress, to be located in a Historic Building in St. Petersburg, to offer day care centers for the elderly, Rehabilitative Water Therapy for veterans, and Music Therapy for people with both mental and learning disabilities. Our fund raising efforts will be used to benefit organizations already in existence, that are failing due to lack of support or recognition.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: appointed by founder.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Robert J Wallace, MD / President

Address 1770 52nd Ave N.
St. Petersburg, FL 33714

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

Name and Title: _____

Address _____

Name and Title: _____

Address: _____

13 MAY -3 PM 3:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Robert J Wallace, MD

Address: 1770 52nd Ave N.
St. Petersburg, FL 33714

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Robert J Wallace, MD

Address: 1770 52nd Ave N.
St. Petersburg, FL 33714

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

Robert J Wallace MD
Required Signature of Registered Agent

5/1/2013

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.

Robert J Wallace MD
Required Signature of Incorporator

5/1/2013

Date