

N13 00008 308

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP☐ WAIT

MAIL

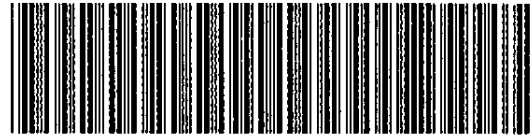
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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09/11/13--01015--002 **78.75

13 SEP 11 PM 1:38

9/16/13

JOHN L. KORTHALS
Attorney at Law

700 East Atlantic Blvd., Suite 200
Pompano Beach, FL 33060

(954) 783-2999
FAX (954) 783-9832
jack@jkorthals.com

September 9, 2013

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

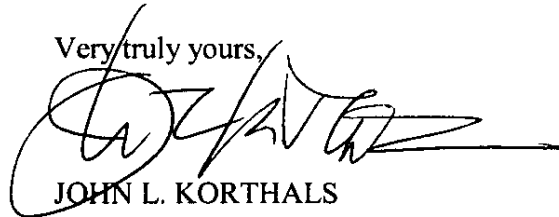
Re: Filing Articles of Incorporation
Parents Coping After the Loss of a Child, Inc. (Non-profit)

To Whom It May Concern,

In regard to the above referenced matter, enclosed for filing please find an original and one copy of the Articles of Incorporation for Parents Coping After the Loss of a Child, Inc., a non-profit corporation. Also enclosed please find our Trust account check no. 13012, in the amount of \$78.75, which represents your filing fee and the request for a Certificate of Status.

Once filed, we ask that you please mail to our office the Certificate of Status in the envelope we have provided to you for your convenience. If you should have any questions, please do not hesitate to contact our office.

Very truly yours,



JOHN L. KORTHALS

JLK/ejp
Enclosures

COVER LETTER

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

SUBJECT: Parents Coping After the Loss of a Child, 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: John L. Korthals, Esquire
Name (Printed or typed)

700 E. Atlantic Blvd., #200
Address

Pompano Beach, FL 33060
City, State & Zip

954-783-2999
Daytime Telephone number

jack@jkorthals.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: Parents Coping After the Loss of a Child, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

531 NW 18th Street

Pompano Beach, FL 33060

Mailing address, if different is:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 11 PM 1:38

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To give guidance and support to
parents who have lost a child.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: _____

Directors have been appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Daisy Josey, Director

Address: 531 NW 18th St.
Pompano Beach, FL 33060

Name and Title: Michael Knowles, Director

Address: 100 SW 3rd St.
Pompano Beach, FL 33060

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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: Daisy Josey

Address: 531 NW 18th St.
Pompano Beach, FL 33060

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Daisy Josey

Address: 531 NW 18th St.
Pompano Beach, FL 33060

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

Daisy Josey
Required Signature of Registered Agent

9-6-13
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.

Daisy Josey
Required Signature of Incorporator

9-6-13
Date

COVER LETTER

Department of State
Division of Corporations
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Tallahassee, FL 32314

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(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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