

N 130000 11142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

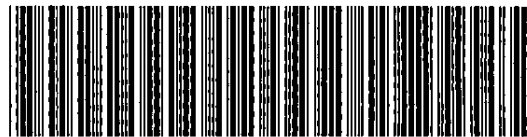
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400253931134

12/13/13--01012--002 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 13 AM 8:38

12/17/13

COVER LETTER

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

SUBJECT: St. Francis Residences, 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: David Rodrigues CPA
Name (Printed or typed)

101 N Missouri Ave
Address

Clearwater, FL 33755
City, State & Zip

727-439-0089
Daytime Telephone number

drodrigues123@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 13 AM 8:38

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

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

EFFECTIVE DATE 12/06/13
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

13 DEC 13 AM 8:38

ARTICLE I NAME

The name of the corporation shall be: St. Francis Residences, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
35 W Lemon Street

Mailing address, if different is:

Tarpon Springs, FL 34689

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

(See attached.)

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

The corporate bylaws shall govern the election and appointment of directors and officers.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Ronald K. Pace, President Name and Title: _____

Address: 726 Haven Place Address: _____
Tarpon Springs, FL 34689

Name and Title: Earl Christy, Vice President Name and Title: _____

Address: 728 Haven Place Address: _____
Tarpon Springs, FL 34689

Name and Title: Gayla Kilbride, Secretary, Treasurer Name and Title: _____

Address: 2926 2nd Ave N Address: _____
St. Petersburg, FL 33713

Article III Purpose

St. Francis Residences, Inc. provides housing, related assistance and support services to needy, impoverished or ill individuals primarily through government appointed agencies and community referrals. The Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501 (c) (3) of the internal revenue code and corresponding section of any future federal tax code. Upon dissolution of the organization, the assets shall be distributed for one or more exempt purposes within the meaning of section 501 (c) (3) of the internal revenue code or corresponding section of any future federal tax code or shall be disposed of by the Court of Common Pleas of the county in which the principal office of the organization is then located, exclusively for such purposes, or to such organization or organizations as said court shall determine, which are organized and operated exclusively for such purposes.

Article VIII Effective Date

The effective date of the Corporation shall be December 6, 2013.

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: Ronald K. Pace

Address: 35 W Lemon Street

Tarpon Springs, FL 34689

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Ronald K. Pace

Address: 35 W Lemon Street

Tarpon Springs, FL 34689

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

Ronald K. Pace

Required Signature of Registered Agent

12/09/13

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.

Ronald K. Pace

Required Signature of Incorporator

12/09/13

Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 DEC 13 AM 8:38