

N140000002258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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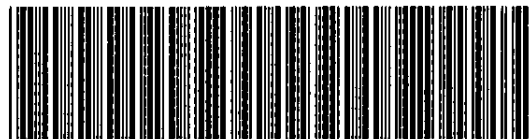
(Business Entity Name)

(Document Number)

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ALL AMESSEE, FLORIDA

MD 3/10

COVER LETTER

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

SUBJECT: Shanon House, 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: Arlene Rhodenbeck
Name (Printed or typed)

3621 Needles Dr.
Address

Orlando FL 32810
City, State & Zip

407 592 9885
Daytime Telephone number

rhodenbeck@outlook.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: Shanon's House, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3621 Needles Dr.

Orlando FL 32810

Mailing address, if different is:

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ALACHUA COUNTY
FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Dedicated to improving the lives of individuals with disabilities through education, support and advocacy services. Our goal is empower those with disability leading to increased functionality, self esteem and independence.

ARTICLE IV MANNER OF ELECTION

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

method of election of members of the Board of Directors of the Corporation shall be stated in the by laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Arlene Rhodenbeck President

Name and Title:

Calvin Rhodenbeck, Secretary

Address:

3621 Needles Dr.
Orlando FL 32810

Address:

3621 Needles Dr.
Orlando FL 32810

Name and Title:

Angeles Glick, V.P.

Name and Title:

Address:

65 Ballenger Lane
Palm Coast, FL 32135

Address:

Name and Title:

Arthur Glick, Treasurer

Name and Title:

Address:

65 Ballenger Lane
Palm Coast FL 32135

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:

Arlene Rhodenbeck

Address:

3621 Needles Dr.
Orlando, FL 32810

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name:

Arlene Rhodenbeck

Address:

3621 Needles Dr.
Orlando FL 32810

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DEPT. 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



Required Signature of Registered Agent

3/1/14

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.



Required Signature of Incorporator

3/1/14

Date