## NH000005178

| (Requestor's Name)                      |  |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |  |
| (Dusiness Littly Harrie)                |  |  |  |  |  |
|   |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
|   |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
|   |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
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Office Use Only



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SECRETARY OF STATE

SECRET

W14-24237

## **COVER LETTER**

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

| SUBJECT: Par                                     | akaleo, Inc                                |   |   |  |  |
|--|--|---|---|--|--|
|  | (PROPOSED CORPORAT                         | FE NAME – <u>MUST INCLUDE SUFFIX</u> )            |   |  |  |
|  |  |   |   |  |  |
|  |  |   |   |  |  |
| Enclosed is an original a                        | and one (1) copy of the Arti               | icles of Incorporation and a check for:           |   |  |  |
| \$70.00 Filing Fee                               | \$78.75 Filing Fee & Certificate of Status | \$78.75 Filing Fee & Certified Copy & Certificate | , |  |  |
|  |  | ADDITIONAL COPY REQUIRED                          |   |  |  |
| FROM: Angela M. Peterson Name (Printed or typed) |  |   |   |  |  |
| 325 Circle Drive                                 |  |   |   |  |  |
| Jax Fl. 32208 City, State & Zip                  |  |   |   |  |  |
| 904) 859-6700  Daytime Telephone number          |  |   |   |  |  |

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

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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

April 16, 2014

ANGELA M. PETERSON 325 CIRCLE DR JACKSONVILLE, FL 32208

SUBJECT: PARAKALEO, INC. Ref. Number: W14000024237

We have received your document for PARAKALEO, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the complete street address.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II

Letter Number: 114A00008205

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

| The name of the                            | Corporation shall be: Parakaleo, Inc  | ,  | •   |
|--|---|--|---|
| ARTICLE II                                 | PRINCIPAL OFFICE Principal street address 325 Circle DRIVE  |  | ddress, if different is:  principal  51.      |
| The purpose for host a Si                  | <u>PURPOSE</u> which the corporation is organized is: Rara Kale pecial event to raise func situation.   | o is an organiza<br>Is for our Clien                                   | tion that will<br>ts in a                     |
| ARTICLE V                                  | /1//  | Community in the Name and Title: Synetta Address: Secretar             | is to serie, the                              |
| Name and Address:                          | Tille: Alexis F. Reterson Biginess Administrator 745 Hansell St. SE Atlanta Ga. 30312   | Name and Title: Jay, F1. 3   | 2216  |
| Name and 'Address:                         |   | Name and Title:Address:  | SECRETARY SS                                  |
| ARTICLE VI The name and F Name: Address:   | REGISTERED AGENT  lorida street address (P.O. Box NOT acceptable) of the Angela M. Peterson  325 Circle Dr. Jax, FL. 32208                          | e registered agent is:   | AM 7: 52 EFFLORIDA                            |
| ARTICLE VII The name and ac Name: Address: | INCORPORATOR  ddress of the Incorporator is:  Hingela M. Peterson  325 Circle DR, Jax, FZ  32208  | General meeting<br>Beaver Street 1<br>1225 W. Beaver<br>Jax, FL. 32204 | ps held at 2)<br>Enterprise Center<br>St.     |
|  | med as registered agent to accept service of process familiar with and accept the appointment as registered Required Signature of Registered Agent  | for the above stated corporation a                                     | n the place designated in this                |
| I submit this doctoon to the Department    | ument and affirm that the facts stated herein are true at of State constitutes a third degree felony as provided Required Signature of Incorporator | I am aware that any false information in s.817.155, F.S.               | ation submitted in a document  //8/2014/ Date |

Parakaleo's mission is to assist it's client during a time of financial need due to a long term or short term illness, injury or disability. We will host a fundraising event to help lift the burden of purchasing a piece(s) of equipment, materials or to help pay for treatment cost that may not be covered by insurance. The potential client will go through an application process that will be viewed by our board members before acceptant.

Through sponger ship and donations phase one of the event's cost would be cover.

The funds will be used to cover the cost of the venture space, set-up cost, décor, food, entertainment etc. Phase two of the project are the funds raised from the event itself. 75% of the proceeds raised from the event will go directly to the

client to cover the cost of treatment or equipment. This makes our organization unique in that the largest percentage will go directly to cover the clients need. The remaining 25% will go to the director of the program for organizing and hosting the event. These statement are written into our bylaws.

In an effort to further assist our clients we have added an educational component. We will provide information that will promote awareness of

resources available and new findings in our community that can be used to promote a healthier life style and empowerment for our client and the caregiver.

From:

Angela M. Peterson

325 Circle Dr.

Jacksonville, FL. 32208

\*Subject: Parakaleo, Inc.

Ref. Number W14000024237

Our director, Angela M. Peterson was elected by the voting members at our general meeting. The directors term will last for the term specified during the election process or for one year. The director will serve the organization for the duration of the term or until her resignation or removal. Our director will hold office until her successor has been elected.