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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DEC 3 2014
S. GILBERT

COVER LETTER

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

SUBJECT: **Never Forgotten Bereavement Support Group**
(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: **Carolyn Albritton**
Name (Printed or typed)

2110 N Flamingo Road
Address

Pembroke Pines, Florida 33028
City, State & Zip

954-639-7451
Daytime Telephone number

Carolyn@wilcoxffh.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: Never Forgotten Bereavement Support Group, Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2110 N Flamingo Road

Pembroke Pines, Florida 33028

Mailing address, if different is:

Same

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Education, mental health, grief/bereavement counseling

ARTICLE IV MANNER OF ELECTION

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn Albritton - P Name and Title: _____

Address: 2110 N Flamingo Road Address: _____
Pembroke Pines, FL
33028

Name and Title: Wilcox Family Funeral Home VP Name and Title: _____

Address: 2110 N Flamingo Road Address: _____
Pembroke Pines, FL
33028

Name and Title: _____ Name and Title: _____

Address: _____ 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: Wilcox Family Funeral Home

Address: 2110 N Flamingo Road
Pembroke Pines, FL 33028

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Wilcox Family Funeral Home

Address: 2110 N Flamingo Road
Pembroke Pines, FL 33028

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

Carolyn Abbreton
Required Signature of Registered Agent

11/13/14
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.

Carolyn Abbreton
Required Signature of Incorporator

11/13/14
Date