

N14000001160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

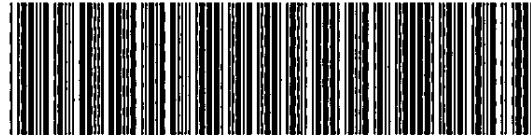
☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



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14 DEC -5 PM 12:34
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12/08/14

COVER LETTER

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

SUBJECT: Bridge to Freedom 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: Neill Timmons
Name (Printed or typed)

2429 Sundy Ave
Address

Delray Beach, FL, 33444
City, State & Zip

864-238-3222
Daytime Telephone number

timmonsneill@gmail.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: BRIDGE TO FREEDOM INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

2429 Sundry Ave

Delray Beach, FL, 33444

Mailing address, if different is:

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose is to raise money for the use of scholarship recovering addicts/alcoholics into credible halfway houses or recovery residences.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: The initial directors/officers will take a majority vote.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Neill Timmons/President

Address: 2429 Sundry Ave
Delray Beach, FL, 33444

Name and Title: John Puls/Director

Address: _____

Name and Title: Shane Kohler/Director

Address: 2429 Sundry Ave
Delray Beach, FL, 33444

Name and Title: Paul Altine/Director

Address: 6949 Town Harbour Blvd.,
Apt. # S21
Boca Raton, FL, 33433

Name and Title: Jonathan Fields/Director

Address: ?

Name and Title: Kenny Silver/Director

Address: 2416 Bloods Grove Circle
Delray Beach, FL, 33445

Name and Title: Tamie Salberg 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: Neill Timmons

Address: 2429 Sundy Ave

Delray Beach, FL, 33444

ARTICLE VII INCORPORATOR

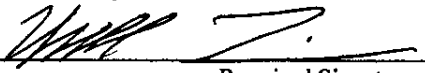
The name and address of the Incorporator is:

Name: Neill Timmons

Address: 2429 Sundy Ave

Delray Beach, FL, 33444

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

11/15/14
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

11/15/14
Date

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