

N 14000011327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

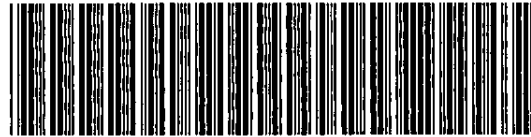
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FALLS CHURCH, VA 22034

12/12/14

COVER LETTER

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

SUBJECT: _____ LOVING GIFT INITIATIVE, 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: HERB REINDERS
Name (Printed or typed)

312 E. VENICE AVE STE 205
Address

VENICE, FL 34285
City, State & Zip

941-244-3444
Daytime Telephone number

HERB@FAREF.NET
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FL 32304

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

EFFECTIVE DATE 01/02/15

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

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: _____

LOVING GIFT INITIATIVE, INC

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

Mailing address, if different is:

312 E. VENICE AVE STE. 205

VENICE, FL 34285

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: TO HELP PROTECT CONSUMERS AND
THEIR FAMILIES THROUGH EDUCATIONAL PROGRAMS AND BY
CREATING AWARENESS OF THE MANY BUT LITTLE KNOWN
PRE-ARRANGED FUNERAL / CREMATION PLAN OPTIONS.

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

ELECTED AT THE ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: HERB REINDERS Name and Title: _____

Address 312 E. VENICE AVE. Address: _____
VENICE, FL 34285

Name and Title: THOMAS KOLESKE Name and Title: _____

Address 3840 N. GREEN BAY RD. Address: _____
RACINE, WI 53404

Name and Title: YVONNE PRIESNITZ Name and Title: _____

Address 7451 BLACKHAWK Address: _____
RACINE, WI 53402

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: HERB REINDERS

Address: 312 E. VENICE AVE
VENICE, FL 34285

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: HERB REINDERS

Address: 312 E. VENICE AVE.
VENICE, FL 34285

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

H. Reinders

Required Signature of Registered Agent
HERB REINDERS

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.

H. Reinders

Required Signature of Incorporator

HERB REINDERS

Date

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STATE OF FLORIDA
TALLAHASSEE, ALABAMA

ARTICLE VIII EFFECTIVE DATE

The effective date of this incorporation shall be JANUARY 2, 2015