

N/500000 2171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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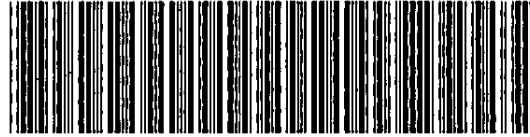
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 3 2015

S. GILBERT

COVER LETTER

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

SUBJECT: **Phoenix Rising Community, 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: **Shelby Havens**

Name (Printed or typed)

3720 SW 15th Street

Address

Gainesville, FL 32608

City, State & Zip

352-316-2035

Daytime Telephone number

shelbyhavens@hotmail.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: Phoenix Rising Community, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
3720 SW 15th Street

Gainesville, FL 32608

Mailing address, if different, is:
P. O. Box 357121
Gainesville, FL 32635

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: For intergenerational members to meet
regularly and to participate in charitable, educational, and social endeavors
that benefit the larger community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: by members
annually in the month of November.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Shelby Havens</u>	Name and Title: <u>President</u>
Address: <u>3720 SW 15th Street</u>	Address: _____
<u>Gainesville, FL 32608</u>	_____
_____	_____
Name and Title: <u>David Henderson</u>	Name and Title: <u>Secretary</u>
Address: <u>7642 NW 36th Place</u>	Address: _____
<u>Gainesville, FL 32606</u>	_____
_____	_____
Name and Title: <u>Goldie Schwartz</u>	Name and Title: <u>Treasurer</u>
Address: <u>P. O. Box 1004</u>	Address: _____
<u>Archer, FL 32618</u>	_____
_____	_____

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: Shelby Havens

Address: 3720 SW 15th Street

Gainesville, FL 32608

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Shelby Havens

Address: 3720 SW 15th Street

Gainesville, FL 32608

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

Shelby Havens

Required Signature of Registered Agent

2/26/15

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.

Shelby Havens

Required Signature of Incorporator

2/26/15

Date