

N/5UXX0352/

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

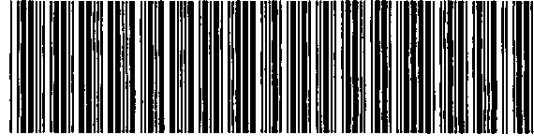
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15 MAR -9 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 11 2015

S. GILBERT

COVER LETTER

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

SUBJECT: Gainesville Peer Respite and Drop-In Center, 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: Jackie Davis

Name (Printed or typed)

315 SE 6th St

Address

Gainesville, FL 32601

City, State & Zip

352 219 3789

Daytime Telephone number

Jackie007Davis@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

ARTICLE I NAME

The name of the corporation shall be: Gainesville Peer Respite and Drop-In Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

c/o Jackie Davis

315 SE 6th St

Gainesville, FL 32601

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 of this organization is to create a safe, supportive and educational environment for people struggling with a variety of mental health issues.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Volunteers are recruited by the President.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jackie Davis, President

Name and Title: Shelly Wilson, Director

Address: 315 SE 6th St

Address: 3551 NW 33rd PL

Gainesville, FL 32601

Gainesville, FL 32605

Name and Title: Karen Johnson, Director

Name and Title: Mary Ellen Cross, Director

Address: 3916 NW 32nd PL

Address: 2271 NW 49th Ave

Gainesville, FL 32606

Gainesville, FL 32605

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: Jackie Davis

Address: 315 SE 6th St

Gainesville, FL 32601

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jackie Davis

Address: 315 SE 6th St

Gainesville, FL 32601

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

Jackie Davis

Required Signature of Registered Agent

March 1, 2015

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.

Jackie Davis

Required Signature of Incorporator

March 1, 2015

Date