

11500002727

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only

W15-10320
W15-10572



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02/05/15--01003--007 **70.00

FILED
15 MAR 13 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 17 2015
S. GILBERT



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 2, 2015

PAULA MILLER
402 NW 35 STREET
GAINESVILLE, FL 32607

SUBJECT: ABUNDANCE AFG
Ref. Number: W15000010572

We have received your document for ABUNDANCE AFG and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must list at least one incorporator with a complete business street address.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Sylvia Gilbert
Regulatory Specialist II
New Filing Section

Letter Number: 815A00003015

COVER LETTER

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

SUBJECT: Abundance AFG
(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: Paula Miller
Name (Printed or typed)

402 NW 35 St.
Address

Gainesville, FL 32607
City, State & Zip

352-318-8914
Daytime Telephone number

qtrhrsx4@live.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: Abundance AFG Inc

ARTICLE II PRINCIPAL OFFICE

Principal ~~street~~ address:

3403 NW 13 St
Gainesville, FL
32609

Mailing address, if different is:

FILED
15 MAR 73 AM 8:00
CLERK OF DISTRICT COURT
JAIL, HABSSEL FLOIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: SELF help program,
Help friends & Relatives of Alcoholics
live a better life. This is a
12 step Recovery program. This
a non-profit organization.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Majority vote

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>Paula Miller Treasurer</u>	Name and Title: <u>FRANK Curtis ALT</u> <u>Treasurer</u>
Address: <u>402 NW 35 St</u> <u>Gainesville, FL</u> <u>32607</u>	Address: <u>3800 NW 136 St</u> <u>Gainesville FL</u> <u>32606</u>
Name and Title: <u>Choppy Hodes ASSIST.</u>	Name and Title: _____
Address: <u>710 NW 9 Ave</u> <u>Gainesville, FL</u> <u>32601</u>	Address: _____
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: Paula Miller

Address: 402 NW 35 St

Gainesville, FL 32607

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paula Miller

Address: 402 NW 35 St

Gainesville, FL 32607

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

Paula Miller

Required Signature of Registered Agent

2/3/15

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.

Paula Miller

Required Signature of Incorporator

Date