

N15000003325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

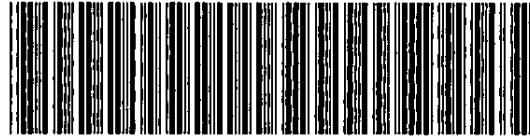
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 APR -2 PM 2:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

4-2/ms

COVER LETTER

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

SUBJECT: The House of Restoration Retreat 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: Yolanda Graham
Name (Printed or typed)

3707 Kentfield Pl
Address

Valrico FL 33596
City, State & Zip

813-434-0568
Daytime Telephone number

ygrealtor2@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 NAMEThe name of the corporation shall be: The House of Restoration Retreat Inc**ARTICLE II PRINCIPAL OFFICE**Principal street address:
3707 Kentfield PlValrico FL 33596Mailing address, if different is:
3433 Lithia Pinecrest RdSuite 237Valrico FL 33596**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Operate as a missionary religious retreat home**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed:as stated in the bylaws**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

15 APR - 2 PM 2:59

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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: Yolanda Graham

Address: 3707 Kentfield Pl

Valrico FL 33596

ARTICLE VII INCORPORATOR

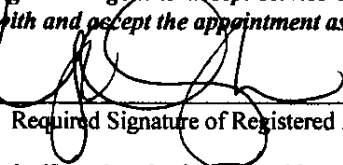
The name and address of the Incorporator is:

Name: Yolanda Graham

Address: 3707 Kentfield Pl

Valrico FL 33596

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

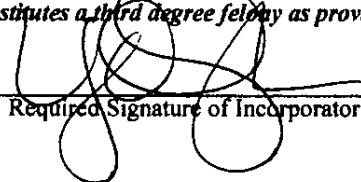


Required Signature of Registered Agent

03/17/2015

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.



Required Signature of Incorporator

03/17/2015

Date

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 26, 2015

YOLANDA GRAHAM
3707 KENTFIELD PL
VALRICO, FL 33596

SUBJECT: THE HOUSE OF RESTORATION RETREAT
Ref. Number: W15000021177

We have received your document for THE HOUSE OF RESTORATION RETREAT and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 715A00006048

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15 APR -2 PM 2:53
ST. CECILIA'S
VALRICO, FL 33596