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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

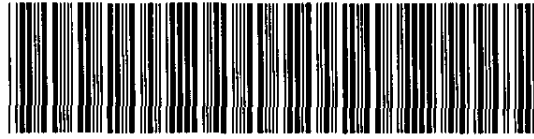
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DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

RECEIVED

STATE OF FLORIDA  
TALLAHASSEE

15 JUN -4 PM 4:03

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AND  
FILED

**COVER LETTER**

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

**SUBJECT:** Florida Advocacy and Independence Resource Center, Incorporated  
(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:** Wendy Vance  
\_\_\_\_\_  
Name (Printed or typed)

2755 Raintree Circle  
\_\_\_\_\_  
Address

Tallahassee, FL 32308  
\_\_\_\_\_  
City, State & Zip

8505085607  
\_\_\_\_\_  
Daytime Telephone number

faircenterinc@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 NAME**

The name of the corporation shall be: Florida Advocacy and Independence Center, Incorporated

**ARTICLE II PRINCIPAL OFFICE**

Principal <u>street</u> address: <u>2755 Raintree Circle</u> <u>Tallahassee, FL 32308</u>	Mailing address, if different is: _____ _____
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**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: The purpose of this corporation is to provide independent living, technology, skills, money management, mobility, and employment skills training to individuals with disabilities in the state of Florida.  
Additionally, advocacy for full community inclusion and employment placement will be provided.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: By board vote.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: <u>Travis Vance, <del>Assistive Technology</del> <sup>Director</sup> Direc</u>	Name and Title: <u>Abbe Flynn, <del>Board Member</del> <sup>AD</sup></u>
Address: <u>2755 Raintree Circle</u> <u>Tallahassee, FL 32308</u>	Address: <u>240 Hopson Road</u> <u>Monticello, FL</u>

Name and Title: <u>James Vance - <del>Board Member</del> <sup>AD</sup></u>	Name and Title: _____
Address: <u>7739 Carole Ln</u> <u>Florence Kentucky 41042</u>	Address: _____

Name and Title: _____	Name and Title: _____
Address: _____	Address: _____

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUN -4 PM 4:03

APPROVED  
AND  
FILED

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: Wendy Vance

Address: 2755 Raintree Circle

Tallahassee, FL 32308

**ARTICLE VII INCORPORATOR**

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

Name: Wendy Vance

Address: 2755 Raintree Circle

Tallahassee, FL 32308

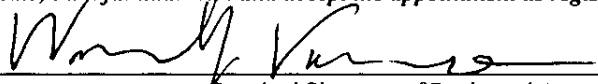
**ARTICLE VIII EFFECTIVE DATE:** 6/3/2015

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

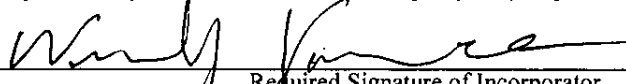


Required Signature of Registered Agent

6/4/15

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.*



Required Signature of Incorporator

6/4/15

Date