

N 15000005709

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

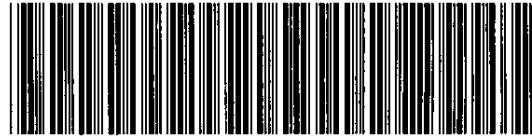
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15 JUN -4 PM 4:17
CLERK OF STATE
TALLAHASSEE, FLORIDA

gf 6/9/15

COVER LETTER

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

SUBJECT: Providence Family Life Center Corporation

(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: Daniel Kruse
Name (Printed or typed)

6004 Tierra Entrada
Address

North Fort Meyers, Florida 33903
City, State & Zip

248-659-2003
Daytime Telephone number

dkrusepflc@gmail.com

E-mail address: (to be used for future annual report notification)

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15 JUN -4 PM 4:17
DEPARTMENT OF STATE
TALLAHASSEE, FL 32304

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2015

DANIEL KRUSE
6004 TIERRA ENTRADA
NORTH FORT MYERS, FL 33903

SUBJECT: PROVIDENCE FAMILY LIFE CENTER CORPORATION
Ref. Number: W15000036274

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15 JUN -4 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for PROVIDENCE FAMILY LIFE CENTER CORPORATION and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please list the street address of each officer/director.

Please correct the name of the city wherever it appears in your document.

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.

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 315A00010825

RECEIVED
15 JUN -4 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Providence Family Life Center Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6004 Tierra Entrada

North Fort Meyers, Florida 33903

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailing address, if different is: _____

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide human and social services, specifically to those with disabilities, women, youth, the homeless and children in foster care.

Providence Family Life Center Corporation is organized for exclusively religious, charitable, educational and scientific purposes under Section 501(c)(3) of the Internal Revenue Code or corresponding section of any future tax code. Under dissolution of the Corporation, assets shall be distributed for one or more exempt purposes within the meaning of sections 501(c)(3) of the Internal Revenue Code or corresponding sections of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors are elected ;

AT THE ANNUAL MEETING

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Antoinette Debose President Name and Title: _____

Address 1506 Packard Address: _____
Apartment 2
Ann Arbor, Michigan 48104

Name and Title: Daniel Kruse Treasurer Name and Title: _____

Address 6004 Tierra Entrada Address: _____
North Fort Meyers, Florida 33903

Name and Title: Chad Adams Name and Title: _____

Address 6004 Tierra Entrada Address: _____
North Fort Meyers, Florida 33903

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: Daniel Kruse

Address: 6004 Tierra Entrada

North Fort Meyers, Florida 33903

ARTICLE VII INCORPORATOR

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

Name: Daniel Kruse

Address: 6004 Tierra Entrada

North Fort Meyers, Florida

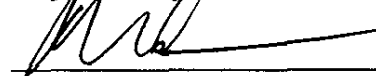
ARTICLE VIII EFFECTIVE DATE:

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

May 30, 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

May 30, 2015

Date

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15 JUN -4 PM 4:17
DEPARTMENT OF STATE
TALLAHASSEE, FL 32304