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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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10/02/15

COVER LETTER

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

SUBJECT: April's Angels 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: Julie Peckham
Name (Printed or typed)

1134 Morgan Cir. E.
Address

Orange Park, FL 32073
City, State & Zip

(904) 866-2986
Daytime Telephone number

jules_51b@yahoo.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: April's Angels Incorporated

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1134 Morgan Cir. E.
Orange Park, FL 32073

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide a caring and loving environment for persons with autism. We will provide assisted living for these persons in comfortable, soothing, and encouraging homes. Run by a not for profit organization comprised of 3 women Directors.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Chosen by the board

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Julie Peckham - President

Address: 1134 Morgan Cir. E.
Orange Park, FL 32073

Name and Title: LaShawn Butler

Address: Chief Financial Officer
1763 Biscayne Bay Cir.
Jacksonville, FL 32218

Name and Title: Loretta Gail Patterson

Address: Chief Information Officer
400 E. Bay St. #508
Jacksonville, FL 32202

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATION

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: Julie Peckham

Address: 1134 Morgan Cir. E.
Orange Park, FL 32073

ARTICLE VII INCORPORATOR

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

Name: Julie Peckham

Address: 1134 Morgan Cir. E.
Orange Park, FL 32073

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

9/24/15
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

9/24/15
Date

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