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# **COVER LETTER**

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

SUBJECT:	Holland Family Services, Inc (PROPOSED CORPO	RATE NA	ME – MUST INCI	LUDE SUFFIX)
Enclosed is an o	riginal and one (1) copy of the	Articles o	f Incorporation and a	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 CO	PY REQUIRED
F	· ·	inted or ty	/ped)	····
	3839 W. Kennedy Blv Address	/a		
	Tampa, FL 33609 City, State	e & Zip		
	(813) 602-2989 Daytime	Telephone	number	
	<u>adrienne@hollandfam</u>	nilysoluțio	ns.com	
	E-mail address: (to be us	sed for fut	ure annual report not	ification)

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: Holland Family Services, Inc.

# ARTICLE II: PRINCIPAL OFFICE

Principal street office: 3839 W Kennedy Blvd Tampa, FL 33609

#### ARTICLE III: PURPOSE

The purpose for which the corporation is organized is: to provide comprehensive legal advice and representation in the areas of family law, pre-need planning, and guardianship to individuals and families in the Tampa Bay Area.

#### ARTICLE IV: MANNER OF ELECTION

The manner in which the directors are elected and appointed: the Board of Directors (BOD) will be elected at the annual board meeting

### ARTICLE V: INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Adrienne Holland, Founder and President

Address:

3839 W Kennedy Blvd

Tampa, FL 33609

Name and Title: Clais Daniels-Edwards

PO Box 144

Jersey City, NJ 07303

Name and Title: Adriannette Williams

PO Box 28196 Tampa, FL 33622

# ARTICLE VI: REGISTERED AGENT

The name and Florida street address of the registered agent is: Adrienne Holland 3839 W Kennedy Blvd Tampa, FL 33609

#### ARTICLE VII: INCORPORATOR

The name and address of the incorporator is: Clais Daniels-Edwards PO Box 144 Jersey City, NJ 07303 15 001 27 PM 12: 1.1.

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# **ARTICLE VIII: EFFECTIVE DATE**

Holland Family Services, Inc.'s effective date is the date of filing.

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.

Milion Hilling	6 October 2015
Required Signature of Registered Agent	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.

Sept. 29, 2015
Required Signature of Incorporator

Date