

N/600000/6/2

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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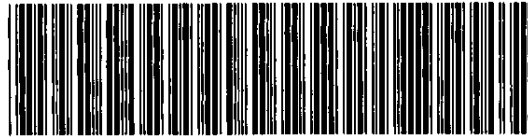
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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2/17/16

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

ARTICLE I NAME

The name of the corporation shall be: **FAMILY RESTORATION CENTER, INC.**

ARTICLE II PRINCIPAL OFFICE

Principal street address:

8900 US HWY 19 N.

PINELLAS PARK, FL 33782

Mailing address, if different is:

Same

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **This corporation is organized exclusively for charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986, as now enacted or hereafter amended, including, for such purposes, the making of distributions to organizations that also qualify as Section 501(c)(3) exempt organizations. To this end, the purpose of the corporation shall be to create a Family Restoration Center, in order to reach out to families who are lost and in need. Additionally, this facility will also be used for system navigation and benevolence for families who just need a hand up.**

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

The Directors will be elected by that method as stated in the Bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Timothy Montanari, D, P** Name and Title: **Michael thornhill, D, S**

Address: **8900 US Hwy 19 N** Address: **8900 US Hwy 19 N**

Pinellas Park, FL 33782 **Pinellas Park, FL 33782**

Name and Title: **Matthew Russell, D, VP** Name and Title: _____

Address: **8900 US Hwy 19 N** Address: _____

Pinellas Park, FL 33782

Name and Title: **Art Dykstra, D, T** Name and Title: _____

Address: **8900 US Hwy 19 N** Address: _____

Pinelas Park, FL 33782

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: Ellison & Lazenby, PLLC

Address: 200 Central Avenue, Suite 2000

St. Petersburg, FL 33701

ARTICLE VII INCORPORATOR

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

Name: Timothy Montanari

Address: 8900 US Hwy 19 N

Pinellas Park, FL 33782

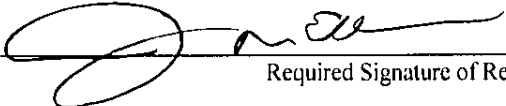
ARTICLE VIII EFFECTIVE DATE:

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.

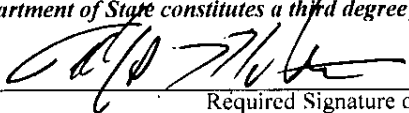
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

2/3/16
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

2/2/16
Date

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