

# N16000002472

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR - 7 AM 7:59

APPROVED  
AND  
FILED

1/4

## COVER LETTER

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

SUBJECT: Adopting God's Children Inc.  
(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: Linda Rose Wynn  
Name (Printed or typed)

10720 Santa Laguna Dr.  
Address

Boca Raton FL 33428  
City, State & Zip

845-558-0786  
Daytime Telephone number

info@adoptinggodchildren.com  
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 23, 2016

LINDA ROSE WYNN  
10720 SANTA LAGUNA DR.  
BOCA RATON, FL 33428

SUBJECT: ADOPTING GOD'S CHILDREN, INC.  
Ref. Number: W16000013378

We have received your document for ADOPTING GOD'S CHILDREN, INC. 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 purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

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.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 716A00003740

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

**ARTICLE I NAME**

The name of the corporation shall be: Adopting God's Children, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

Mailing address, if different is:

10720 Santa Laguna Dr.  
Boca Raton, FL  
33428

**ARTICLE III PURPOSE**

This is a non profit organization that will  
The purpose for which the corporation is organized is: to place legally adoptable  
infants, toddlers and children with caring  
loving and nurturing families in the United  
States.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: \_\_\_\_\_

Majority Vote

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

Name and Title: Linda Wynn, Director <sup>Ex.</sup> Name and Title: \_\_\_\_\_

Address: 10720 Santa Laguna Dr. Address: \_\_\_\_\_  
Boca Raton, FL 33428

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

16 MAR - 7 AM 7:59

APPROVAL  
AND  
FILED

Name and Title: _____	Name and Title: _____	<b>APPROVED AND FILED</b>  <b>16 MAR -7 AM 7:59</b>  <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b>
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: Linda Rose Wynn  
 Address: 10720 Santa Laguna Dr.  
Boca Raton, FL 33428

**ARTICLE VII INCORPORATOR**

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

Name: Linda Wynn  
 Address: 10720 Santa Laguna Dr  
Boca Raton, FL 33428

**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*

<u>Linda Rose Wynn</u>	<u>2-8-16</u>
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.*

<u>Linda Rose Wynn</u>	<u>2-8-16</u>
Required Signature of Incorporator	Date