

N16 000003796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

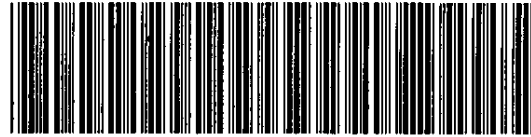
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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16 APR -7 PM 2:11

EFFECTIVE DATE 04/01/16

K 04/13/16

COVER LETTER

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

SUBJECT: Village Life Housing 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: Arriel Colleton

Name (Printed or typed)

6928 Cavalier Rd

Address

Jacksonville, Florida 32208

City, State & Zip

904-525-9879

Daytime Telephone number

awilliams8450@gmail.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: Village Life Housing, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
6928 Cavalier Rd Jacksonville, Florida 32208

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide affordable Housing opportunities, repairs, and any assistance to
make homes inhabitable, for ones who otherwise could not afford fair market cost.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Arriel Colleton, Director</u>	Name and Title:	<u>John W. Edwards Jr, Board Member</u>
Address	<u>6928 Cavalier Rd</u>	Address:	<u>1645 Inkberry lane</u>
	<u>Jacksonville, Florida 32208</u>		<u>St Johns, Florida 32259</u>
	_____		_____
	_____		_____
Name and Title:	<u>Regina Colleton, Assistant Director</u>	Name and Title:	_____
Address	<u>6928 Cavalier Rd</u>	Address:	_____
	<u>Jacksonville, Florida 32208</u>		_____
	_____		_____
	_____		_____
Name and Title:	<u>Brittnie Spearman, Secretary</u>	Name and Title:	_____
Address	<u>6462 Mockingbird Rd</u>	Address:	_____
	<u>Jacksonville, Florida 32219</u>		_____
	_____		_____
	_____		_____

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: Regina Colleton

Address: 6928 Cavalier Rd

Jacksonville, Florida 32208

ARTICLE VII INCORPORATOR

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

Name: Arriel Colleton

Address: 6928 Cavalier Rd

Jacksonville, Florida 32208

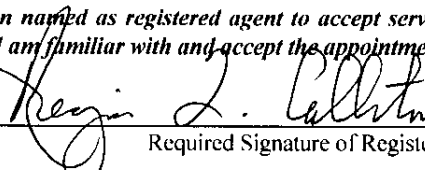
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: April 1, 2016. (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

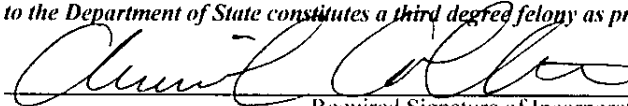


Required Signature of Registered Agent

4/5/2016

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

4/5/2016

Date

16 APR -7 PM 2:11

FLORIDA
DEPARTMENT OF STATE
CORPORATION