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2 09/16/16

COVER LETTER

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

SUBJECT: Another Chance House, 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: Stacey D. Burney Sr.
Name (Printed or typed)

1146 Hwy 20
Address

Interlachen, FL 32148
City, State & Zip

(727) 336-7688
Daytime Telephone number

jerlineyellow47@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: Another Chance House, Inc.

ARTICLE II. PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

1146 Hwy 20 Interlachen, FL
32148

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ARTICLE III. PURPOSE

The purpose for which the corporation is organized is: The Mission is to provide
another chance to all men by establishing hope,
stability, and positive guidance so that they
may become productive in today's society.

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

To be appointed by the President of non-profit Corp.
Another Chance House, Inc.

ARTICLE V. INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Stacey D. Burney Sr. Name and Title: _____
(President)

Address: 1146 Hwy 20 Address: _____

Interlachen, FL 32148

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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: Jerline Galloway

Address: BP 1146 Hwy 20

Interlachen, FL 32148

ARTICLE VII INCORPORATOR

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

Name: Stacey D. Burney Sr.

Address: 1146 Hwy 20

Interlachen, FL 32148

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

Jerline Galloway
Required Signature of Registered Agent

9-9-2016
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.

Stacey D. Burney Sr.
Required Signature of Incorporator

9-9-2016
Date

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