

NI1000003908

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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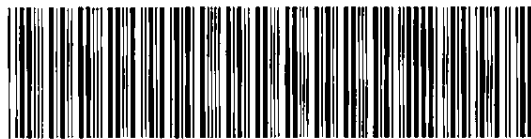
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 APR -6 PM 4: 25
SECRETARY OF STATE
TALLAHASSEE FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 27, 2017

DEBORRAH PARIS
16097 POPPY SEED CIRCLE, UNIT 1908
DELRAY BEACH, FL 33484

SUBJECT: TREATMENT OUTREACH PROGRAM, INC.
Ref. Number: W17000016715

We have received your document for TREATMENT OUTREACH PROGRAM, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

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: 417A00003747

RECEIVED
17 APR -6 PM 3:30
DIVISION OF CORPORATIONS

COVER LETTER

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

SUBJECT: Treatment Outreach Program, 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: Deborah Paris
Name (Printed or typed)

16097 Poppy Seed Circle, Unit 1908
Address

Delray Beach, FL 33484
City, State & Zip

305 308 5509
Daytime Telephone number

topexec4@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: Treatment Outreach Program, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
16097 Poppy Seed Circle

Unit 1908

Delray Beach, FL 33484

Mailing address, if different is:

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TALLAHASSEE FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
Community Outreach in the HIV/AIDS Community along with members of the community effected by Sexually Transmitted Disease.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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: _____

 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: Deborrah Paris
 Address: 16097 Poppy Seed Circle #1908
Delray Beach, FL 33484

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ARTICLE VII INCORPORATOR

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

Name: Deborrah Paris
 Address: 16097 Poppy Seed Circle #1908
Delray Beach, FL 33484

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 days prior or 90 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

Deborrah Paris
 Deborrah Paris Required Signature of Registered Agent

2/20/17
 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.

Deborrah Paris
 Deborrah Paris Required Signature of Incorporator

2/20/17
 Date