

N17000005870

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

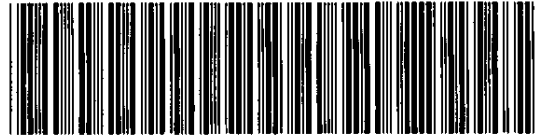
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600299721676

06/01/17--01011--011 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN -1 PM 12:42

RECEIVED
DEPARTMENT OF CLERK
17 JUN -1 PM 12:38

06/01/17

COVER LETTER

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

SUBJECT: New Life Endowment Center, 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: Dana L. Earnest

Name (Printed or typed)

2505 Fritz Lane

Address

Tallahassee, FL 32304

City, State & Zip

850.345.3708

Daytime Telephone number

anointed2@comcast.net

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN -1 PM 12:42

ARTICLE I NAME

The name of the corporation shall be: New Life Endowment Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
2505 Fritz Lane, Tallahassee, FL 32304

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: This corporation is organized under the Nonprofit Public Benefit Corporation Law for charitable and educational purposes. Programs will consist of but not be limited to: Spiritual/Christian Development and Training, Business and Financial Management, Youth programs and Tutoring, Clothing & Food Assistance, Literacy, Teenage Pregnancy, Professional Development, AIDS Awareness and Prevention, Counseling, Tobacco Prevention and Awareness, Welfare Reform and Job Training, Substance Abuse Awareness and Prevention and other programs to aid those in need while directing them towards a life of self-sufficiency. Also see attachment.

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>Dana L. Earnest, President</u> | Name and Title: | <u>Erika Bowen, Vice President/Director</u> |
| Address | <u>2505 Fritz Lane</u> | Address: | <u>1427 Calloway Street</u> |
| | <u>Tallahassee, FL 32304</u> | | <u>Tallahassee, FL 32304</u> |
| Name and Title: | <u>Joya Earnest, Treasurer/Director</u> | Name and Title: | <u>Quinzette Davis, Secretary/Director</u> |
| Address | <u>2201-A Hartsfield Road</u> | Address: | <u>2915 Sharer Road #521</u> |
| | <u>Tallahassee, FL 32303</u> | | <u>Tallahassee, FL 32312</u> |
| Name and Title: | <u>Georgia M. Bowen, Director</u> | Name and Title: | <u>Johnnie Beechem, Jr., Director</u> |
| Address | <u>2505 Fritz Lane</u> | Address: | <u>132 Dixie Drive #32</u> |
| | <u>Tallahassee, FL 32304</u> | | <u>Tallahassee, FL 32304</u> |

Name and Title: Bertha Williams Name and Title: _____

Address: 3422 blue Jay Drive Address: _____
Tallahassee, FL 32304 _____

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: Dana L. Earnest

Address: 2505 Fritz Lane
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

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

Name: Dana L. Earnest

Address: 2505 Fritz Lane
Tallahassee, FL 32304

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: June 1, 2017. (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.)

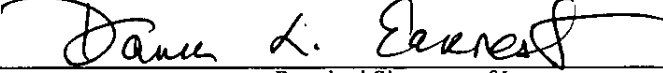
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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


Required Signature of Registered Agent

June 1, 2017
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

June 1, 2017
Date

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 JUN - 1 PM 12:42