

NI1000001239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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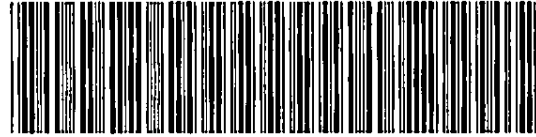
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA
JUL 11 AM 11:03

COVER LETTER

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

SUBJECT: LAPW TRANSITIONAL HOME CORP
(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: (LADYANN) ANNESIA BOLLERS-SEARS
Name (Printed or typed)

226 WENONAH PLACE SUITE 1
Address

WEST PALM BEACH FL. 33405
City, State & Zip

561-856-8458
Daytime Telephone number

LADYANN01191@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: LAPW TRANSITIONAL HOME CORP

ARTICLE II PRINCIPAL OFFICE

Principal street address:

226 WENONAH PLACE
SUITE 1.
WEST PALM BEACH FL 33405.

Mailing address, if different is:

P.O BOX 21211
WEST PALM BEACH
FL. 33416

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: RELIGIOUS AND HUMANITARIAN
COMMUNITY OUTREACH PROGRAM.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

PRESIDENT

Name and Title: LADY ANN SEARS Name and Title: MARK SEARS - VP

Address: 226 WENONAH PL. Address: P.O BOX 21211
SUITE 1 WEST PALM BEACH.
WEST PALM BEACH FL. 33416

SECRETARY

Name and Title: AMANDA BOLLERS Name and Title: DELLON SEARS - VP

Address: 2373 MID PINE CT. Address: 4382 LAKE TAHOE CIR
OWIEDO. WEST PALM BEACH.
FL. 32765 FL. 33409

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

17 JUL 11 AM 11:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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: (LADY ANN) ANNESTA BOLLERS-SEARS

Address: 226 WENONAH PLACE. SUITE 1
WEST PALM BEACH. FL. 33405

ARTICLE VII INCORPORATOR

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

Name: MARK SEARS

Address: P.O. BOX 21211
WEST PALM BEACH. FL. 33416

RECEIVED
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TALLAHASSEE FLORIDA

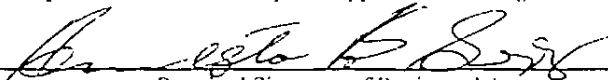
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: UPON 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


Required Signature of Registered Agent

07/07/17
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.


Required Signature of Incorporator

7/7/17
Date