

N17 000 009 104

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

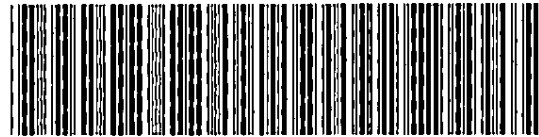
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 01 2017

COVER LETTER

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

SUBJECT: The Reformation Mission 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: Michael Kline
Name (Printed or typed)

3909 Reserve Dr. Apt. 123
Address

Tallahassee, FL 32311
City, State & Zip

727-460-2253
Daytime Telephone number

mhkline69@aol.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: The Reformation Mission Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3909 Reserve Dr. Apt. 123

Tallahassee, FL 32311

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The organization will be dedicated to help empower people and to rebuild their lives. We are interested in people who have experienced trauma in their lives, including but not limited to human trafficking victims, domestic violence victims, former gang members, former inmates, and military personal/veterans with PTSD. We would provide funding for people to have tattoos related to their trauma removed. We intend to work with various law enforcement agencies and various community organizations to help connect with trauma survivors. We will educate trauma victims/survivors in the tattoo removal process regarding pre-service, procedure, and aftercare.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Voted by directors

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Michael Kline - Chairman

Address: 3909 Reserve Dr.

Apt. 123

Tallahassee, FL 32311

Name and Title: Nancy Smilowitz - Co-chairman

Address: 2213 Glenwood Lane

Tallahassee, FL 32308

Name and Title: Lee Metcalf - Co-chairman

Address: 1586 Golf Terrace Drive South

Tallahassee, FL 32301

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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CLERK OF COURT
JANICE L. BROWN
TALLAHASSEE, FL

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: Michael Kline

Address: 3909 Reserve Dr. Apt 123

Tallahassee, FL 32311

ARTICLE VII INCORPORATOR

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

Name: Michael Kline

Address: 3909 Reserve Dr. Apt 123

Tallahassee, FL 32311

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TALLAHASSEE, FL 32311

ARTICLE VIII EFFECTIVE DATE:

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

9-1-2017

Date

submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

9-1-2017

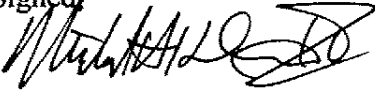
Date

September 1, 2017

To Whom it may concern,

I will not revoke the dissolution of The Reformation Mission, LLC; L17000118670.

Signed/



Michael Kline

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CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT
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SEP 01 2017