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COVER LETTER

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

SUBJECT: **Florida AdvoCare 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: **Jonathan Belolo**
Name (Printed or typed)

524 Datura Street, Suite 215

Address

West Palm Beach, FL 33401

City, State & Zip

561-789-9359

Daytime Telephone number

jon.belolo@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: Florida AdvoCare Inc.

ARTICLE II **PRINCIPAL OFFICE**

Principal **street** address:

524 Datura Street, Suite 215

Mailing address, if different is:

West Palm Beach, FL 33401

ARTICLE III **PURPOSE**

The purpose for which the corporation is organized is: This corporation is organized exclusively for charitable purposes within the meaning of the Internal Revenue Code Section 501(c)(3), namely: to provide assistance to disadvantaged addicts recovering addicts and their families in South Florida and elsewhere, by assisting with the cost of medical treatment and rehabilitation, through providing vouchers to subsidize treatment in recognized clinical facilities or to defray housing costs for low income and/or indigent individuals struggling with opiate addiction. In the event of this corporation's dissolution all remaining assets will be distributed to other IRS 501(c)(3) recognized charitable organizations with similar purposes.

ARTICLE IV **MANNER OF ELECTION** The manner in which the directors are elected and appointed: As in the by Laws

ARTICLE V **INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Jonathan Belolo Dir Pres

Address: 524 Datura Street, Suite 215

West Palm Beach, FL 33401

Name and Title: _____

Address: _____

Name and Title: Eric David Schultz Jr. Dir

Address: 1096 Sanctuary Cove Dr

North Palm Beach, 33410

Name and Title: _____

Address: _____

Name and Title: Micah Robbins Dir

Address: 8616 SE Gulfstream Place

Hobe Sound, FL 33455

Name and Title: _____

Address: _____

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FILED

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: Jonathan Belolo
Address: 524 Datura Street, Suite 215
West Palm Beach, FL 33401

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NOTARIAL PUBLIC

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jonathan Belolo
Address: 524 Datura Street, Suite 215
West Palm Beach, FL 33401

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

11/15/2017

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

11/15/2017

Date