

# N 17000012274

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

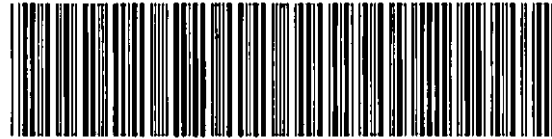
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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

**SUBJECT:** Second Chance of Florida, 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:** Terry W. Williams  
Name (Printed or typed)

188 Martin Street  
Address

Quincy, Florida 32351  
City, State & Zip

850-661-2796  
Daytime Telephone number

wacot001@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**The name of the corporation shall be: Second Chance of Florida, Inc.**ARTICLE II PRINCIPAL OFFICE**Principal street address:188 Martin StreetQuincy, Florida32351

Mailing address, if different is:

P.O. BOX 187Quincy, Florida32353**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to connect previously, incarcerated individuals with educational, behavioral, social, and vocational services to enable successful reentry to the community and sustainable, productive citizenship.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Appointed as indicated by the bylaws.

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

Name and Title: Terry W. Williams Executive Director Name and Title: Nakisha G. Hughley Dir. of Operations

Address: 188 Martin Street Address: P.O. BOX 893

Quincy, Florida Tallahassee, Florida

32351 32302

Name and Title: Letricia Walker-Williams Name and Title: \_\_\_\_\_

Address: Dir of Community Affairs Address: \_\_\_\_\_

P.O. BOX 1261 \_\_\_\_\_

Quincy, Florida 32353 \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Name and Title: _____	Name and Title: _____
Address: _____	Address: _____
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**ARTICLE VI REGISTERED AGENT**The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Terry W. Williams

Address: 188 Martin Street  
Quincy, Florida 32351

**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:

Name: Nakisha G. Hughley

Address: P.O. BOX 893  
Tallahassee, Florida 32302

**ARTICLE VIII EFFECTIVE DATE:**Effective date, if other than the date of filing: January 1, 2018. (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*

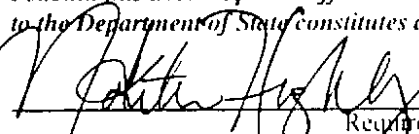


Required Signature of Registered Agent

12/12/17

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

12/12/17

Date

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