

N180000004743

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

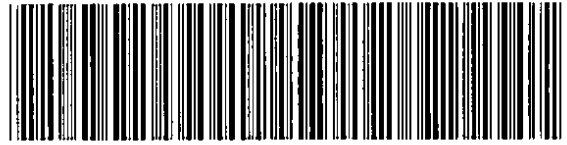
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
SECRETARY OF STATE
18 APR 30 PM 12:42

FILED
2018 APR 30 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: The Living Room TLH, 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: Melanie Pelc
Name (Printed or typed)

9601-88 Micoosukee Rd.
Address

Tallahassee, FL 32309
City, State & Zip

(727) 512-0234
Daytime Telephone number

melaniepelc@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:

The Living Room TLH, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3821 Lost Lane

Tallahassee, FL.

32309

Mailing address, if different from principal office:
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

9601-88 Miccosukee Rd.

Tallahassee, FL. 32309

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide counseling -
individual, couple, family, group - education, and
support to the Big Bend Area. The business will
provide support to those struggling with death/grief,
personal issues, financial issues, family issues, etc.
and The Living Room TLH, inc. will provide support
and guidance and resources in our community.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

- in the Corporation by laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Dr. Craig Stanley, LCSW

Address:

9601-88 Miccosukee Rd

Tallahassee, FL.

32309

Name and Title:

Wendy Turney, MSW

Address:

9601-88 Miccosukee Rd.

Tallahassee, FL.

32309

Name and Title:

Kathryn Myers, MSW

Address:

9601-88 Miccosukee Rd

Tallahassee, FL

32309

Name and Title:

Judy Shipman, LCSW

Address:

9601-88 Miccosukee Rd.

Tallahassee, FL.

32309

Name and Title:

Clare Brown, LCSW

Address:

9601-88 Miccosukee Rd.

Tallahassee, FL

32309

Name and Title:

Brian Pelc

Address:

9601-88 Miccosukee Rd.

Tallahassee, FL

32309

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: Melanie Pelc
Address: 9601-88 Miccosukee Rd.
Tallahassee, FL 32309

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2018 APR 30 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Melanie Pelc
Address: 9601-88 Miccosukee Rd.
Tallahassee, FL 32309

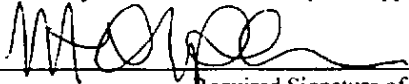
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of 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

4/30/2018
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

4/30/2018
Date