

N180000006253

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

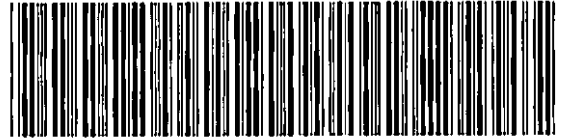
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
18 JUN -8 AM 11:06

FILED
28 JUN -8 PM 12:01
CLERK OF STATE
ALABAMA

COVER LETTER

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

SUBJECT: Lewis Referral Agency 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: Volanda Faye Lewis
Name (Printed or typed)

4207 St Augustine Road
Address

Monticello FL 32344
City, State & Zip

1-888-331-0644
Daytime Telephone number

VLewis805@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: Lewis Referral Agency Corp.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

4207 St Augustine Rd
Monticello FL, 32344

Mailing address, if different is:

Same

SECRETARY OF STATE
ALL CHARGES, \$1.00 PER PAGE

2ND JUN - 8 PM 12:01

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To referral individuals with
experiencing problems relating to substance,
sexual, mental, elderly and youth abuse,
Also provide ^{individuals} referrals to reach
agencies for help in the big bend areas,
offering This agency will referral parents
+ parenting course, image educational workshops,
To help individuals receive the help need to restore them to
a healthy lifestyle

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

The manners according to the bylaws the
directors are elected and appointed.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

President Lt Silas Lewis

Name and Title:

Address 4395 Colview Drive

Tallahassee FL

32303

Vice President Elder Carrie Holton

Name and Title:

Address 722 Bend Street

Tallahassee FL,

32304

Director Rev Peter Lawson

Name and Title:

Address 291 Rosalie Drive

New Braunfels Texas

78130

Director Renalda Brinson Apt 2

Name and Title:

Address 1530 Live Oak Drive

Tallahassee FL, 32301

Director Gussie Nesmith

Name and Title:

Address 5631 Lunker Ln

Tallahassee FL

32301

Director Shatavia Roberts

Name and Title:

Address 4205 St Augustine Road

Monticello FL

32344

Director
Name and Title: Latrice Harville Name and Title: _____
Address: 1119 Mt Sinai Address: _____
Tallahassee FL
32301

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: Yolanda Faye Lewis
Address: 4207 St Augustine Road
Monticello FL, 32344

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yolanda Faye Lewis
Address: 4207 St Augustine Road
Monticello FL, 32344

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

Yolanda Faye Lewis
Required Signature of Registered Agent

6/8/18
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.

Yolanda Faye Lewis
Required Signature of Incorporator

6/8/18
Date