

N18 00000 8023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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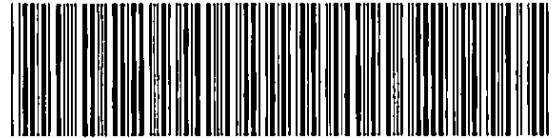
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

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

SUBJECT: Anchor Recovery Foundation, 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

RECEIVED
TALLAHASSEE, FLORIDA

2011 JUL 25 PM 4:13

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FROM: Surina Alvarado
Name (Printed or typed)

327 Office Plaza Dr, Ste. 204
Address

Tallahassee, FL 32301
City, State & Zip

850-694-6311
Daytime Telephone number

AnchorRECOVERYfoundation@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:

Anchor Recovery Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

327 Office Plaza Dr. Ste. 204
Tallahassee, FL 32301

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

organized exclusively for
charitable, religious, educational, and scientific
purposes, including, for such purposes, the making of
distributions to organizations that qualify as exempt
organizations under 501(c)(3) of the Internal
Revenue Code, or the corresponding section of
any future federal tax code.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Presently appointed/nomination and Election in the
future.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Surine Alvarado President

Name and Title:

Address:

327 Office Plaza Dr. Ste. 204
Tallahassee, FL 32301

Address:

Name and Title:

Alejandro Alvarado Vice President

Name and Title:

Address:

2014 Midyette Rd. #705
Tallahassee, FL 32301

Address:

Name and Title:

Name and Title:

Address:

Address:

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RECEIVED BY STATE
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA

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: _____

Address: _____

Surina Alvarado
327 Office Plaza Dr. Ste. 204
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: _____

Address: _____

Surina Alvarado
327 Office Plaza Dr. Ste. 204
Tallahassee, FL 32301

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 08/03/18 (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

Surina Alvarado
Required Signature of Registered Agent

7/25/18
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.

Surina Alvarado
Required Signature of Incorporator

7/25/18
Date

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STATE DEPT OF STATE
TALLAHASSEE, FL 32301