

10/18/2018

15:00 PARASEC

Division of Corporations

(FAX) 916-7010

0017003

# Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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Account Name : PARASEC  
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## FLORIDA PROFIT/NON PROFIT CORPORATION

Tribe Recovery Corporation

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$70.00

2018 OCT 19 AM 11:12

2018 OCT 19 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FL

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**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**The name of the corporation shall be: Tribe Recovery Corporation**ARTICLE II PRINCIPAL OFFICE**Principal street address:1184 Springview Run

Mailing address, if different is:

Winter Park, FL 32792**ARTICLE III PURPOSE**The purpose for which the corporation is organized is: Not for profit spiritual retreats, events and other services  
supporting persons in recovery

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: Directors are elected and  
appointed by majority vote.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Karen Manley Director Name and Title: \_\_\_\_\_Address 1184 Springview Run Address: \_\_\_\_\_Winter Park, FL 32792

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

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

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

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

Name and _____	Name and Title: _____
Title: Address _____	Address: _____
_____	_____
_____	_____
Name and _____	Name and Title: _____
Title: Address _____	Address: _____
_____	_____
_____	_____

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: Rocket Lawyer Corporate Services LLC  
Address: 155 Office Plaza Drive, 1st Floor  
Tallahassee, FL 32301

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Vanessa Calhoun  
Address: 2804 Gateway Oaks Dr #100  
Sacramento, CA 95833

**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

L. Herrera Leticia Herrera Asst Secretary  
Required Signature of Registered Agent

10/18/2018  
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.

[Signature]  
Required Signature of Incorporator

10/18/2018  
Date