

N19 000000 4205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

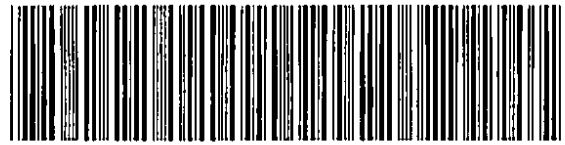
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TALLAHASSEE, FLORIDA

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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 4/18/19

NAME: THE FAINE HOUSE

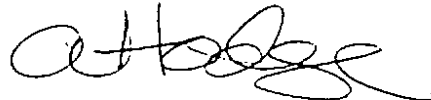
TYPE OF FILING: ARTICLES

COST: 78.75

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



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

ARTICLE I NAME

The name of the corporation shall be: THE FAINE HOUSE, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5616 Clarcona Ocoec Road

Orlando, Florida 32810

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide transitional living services, residence and outreach programs to
young adults (18-23) aging out of the foster care system and/or in circumstances where the transition to self-reliance is impeded
by homelessness or other challenges

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: as stated in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jeffrey K. Faine, Director & President

Address: P.O. Box 140553

Orlando, FL 32814

Name and Title: _____

Address: _____

Name and Title: Jeffrey D. Sharon, Director & Treasurer

Address: 845 Lombardy

Winter Park, FL 32789

Name and Title: _____

Address: _____

Name and Title: Jeffrey Condello, Director & Secretary

Address: 3307 Clarcona Road

Apopka, FL 32703

Name and Title: _____

Address: _____

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CLERK OF STATE
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: Tiffany Payne Geyer

Address: 200 South Orange Ave., Suite 2300
Orlando, FL 32801-3432

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jeffrey K. Faine

Address: P.O. Box 140553
Orlando, FL 32814

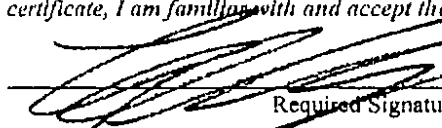
ARTICLE VIII EFFECTIVE DATE:

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.)

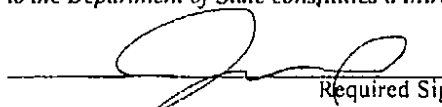
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in this document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

4/16/19
Date

4/16/2019

Date

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