

N 19000000 5749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

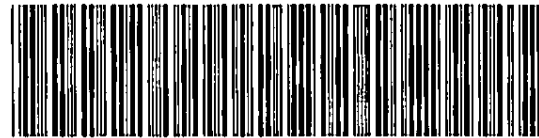
Special Instructions to Filing Officer:

Per client would like to
take "VRA" out of the
entity name. 6/4/19e
9:00am

Office Use Only

J DENNIS

JUN 04 2019



000329207530

05/13/19--01021 -027 **87.50

W19-49859

COVER LETTER

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

SUBJECT: Volusia Recovery Alliance, 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 Karen Chrapek

Name (Printed or typed)

18 Winding Creek Way

Address

Ormond Beach FL 32174

City, State & Zip

386-846-6061

Daytime Telephone number

karencrcs@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 Volusia Recovery Alliance, Inc.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE

Principal street address
3140 S. Atlantic Avenue
Daytona Beach Shores FL 32118

Mailing address, if different is
P.O. Box 7175
Daytona Beach, FL 32116

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to be a Recovery Community Organization (RCO) that provides resources to help those with substance use disorder and their families/friends/loved ones to get and maintain a foundation for long term recovery. We exist to serve all those seeking recovery from the impact of addiction including families, friends, allies. We will work to mobilize resources, reduce barriers, increase awareness and support in an effort to eliminate stigma and enhance recovery through multiple pathways.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed simple majority vote

At Annual? Joint Board of Meetings

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Karen Chrapek, President
Address: 18 Winding Creek WAY
Ormond Beach FL 32174

Name and Title: William D. Turner, BOD Member
Address: 3061 Monaghan Drive
Ormond Beach, FL 32174

Name and Title: Reverend John T. Long III, VP
Address: 5957 Marville Circle
Port Orange, FL 32127

Name and Title: Dabney Holtzman, Secretary
Address: 835 E 12th Ave
New Smyrna Beach, FL 32169

Name and Title: Susan Clark, Treasurer
Address: 1635 S Ridgewood Ave Suite 226
South Daytona FL 32119

Name and Title:
Address:

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 Karen Chrapek
 Address 18 Winding Creek Way
Ormond Beach, FL 32174

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is

Name Karen Chrapek
 Address 18 Winding Creek Way
Ormond Beach, FL 32174

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

Karen Chrapek
 Required Signature of Registered Agent

4/18/19
 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.

Karen Chrapek
 Required Signature of Incorporator

4/18/19
 Date