

N19000011984

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

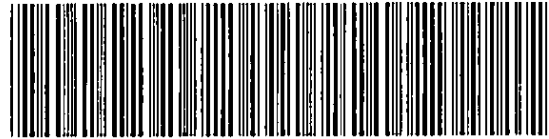
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/26/19 - 0101--019 +\$87.50

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2019 OCT -3 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 27 2019

COVER LETTER

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

SUBJECT: Connections to a New Life 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: Donald Pearsall
Name (Printed or typed)

4411 Ponds Drive
Address

Cocoa FL 32927
City, State & Zip

321-313-2444
Daytime Telephone number

info@connectionstoanewlife.com

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

Cocoa, FL 32927
(321) 313-2444 or (321) 848-4155
info@connectionstoanewlife.com

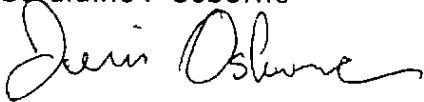
To whom it may concern;

We are releasing the name of Connections to a New Life.

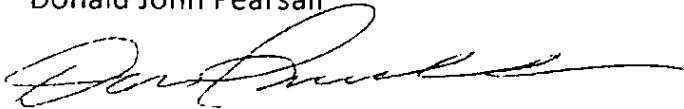
We are now a 501(C) (3) Corporation

Respectfully

Geraldine P Osborne



Donald John Pearsall



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RECEIVED
TALLAHASSEE, FLORIDA

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

ARTICLE I NAME

The name of the corporation shall be: Connections to a New Life Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
5340 Fay Blvd, Cocoa, FL 32927

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Assisting veterans with transition services from military to civilian life

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: By Laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: President Geraldine P Osborne

Name and Title: _____

Address: 5340 Fay Blvd
Cocoa, FL 32927

Address: _____

Name and Title: VP Donald J Pearsall

Name and Title: _____

Address: 4411 Ponds Drive
Cocoa, FL 32927

Address: _____

Name and Title: Treasurer Diana Patten

Name and Title: _____

Address: 56 Country Way
Marshfield MA 02050

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: Geraldine P Osborne

Address: 5340 Fay Blvd

Cocoa, FL 32927

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Donald J Pearsall

Address: 4411 Ponds Drive

Cocoa, FL 32927

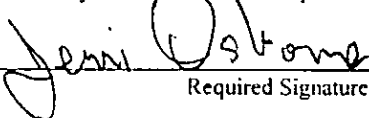
ARTICLE VIII EFFECTIVE DATE:

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.)

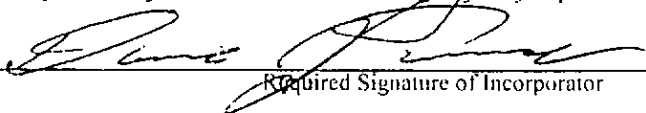
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/14/19
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.


Required Signature of Incorporator

11/14/19
Date