

N19000012719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

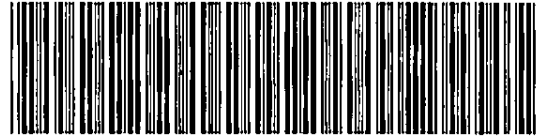
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900336040359

10/31/19--01007--023 **18.15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 13 PM 7:41

FILED

COVER LETTER

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

SUBJECT: PFLAG- RIVERVIEW 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: PFLAG-RIVERVIEW Inc.
Name (Printed or typed)

16104 Bridgecrossing Dr.
Address

Lithia, Fl. 33547
City, State & Zip

813 610-2946
Daytime Telephone number

Jodi@chadwellhomes.com
E-mail address: (to be used for future annual report notification)

FILED
2019 DEC 13 PM 7:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: PFLAG-RIVERVIEW Inc.

ARTICLE II PRINCIPAL OFFICE

| | |
|----------------------------------|-----------------------------------|
| Principal <u>street</u> address: | Mailing address, if different is: |
| <u>11268 Boyette Rd.</u> | <u>16104 Bridgecrossing Dr.</u> |
| <u>Riverview, Fl. 33578</u> | <u>Lithia, Fl.</u> |
| _____ | <u>33547</u> |
| _____ | _____ |

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

- A. To hold & manage property & funds for charitable purposes
- B. To provide a support system for families & friends of Lesbian & gays in their effort to understand , accept, & support their children with Love & pride.
- C. To provide education for individuals and the community at large on the nature of homosexuality.
- D. To support the full human rights & civil rights of lesbian , gay , bisexual & transgender people.
- E. To speak out & act whenever necessary to defend & enhance those human & civil rights.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: _____ Nomination and vote: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

| | |
|--|--|
| Name and Title: <u>Faith Moeller- President</u> | Name and Title: <u>Maxi Bannister- Secretary</u> |
| Address: <u>11414 Callaway Pond Dr.</u> | Address: <u>15307 Long Cypress Dr.</u> |
| <u>Riverview, 33579</u> | <u>Ruskin, 33573</u> |
| <u>FL</u> | <u>FL</u> |
| _____ | _____ |
| Name and Title: <u>Jodi Chadwell - Treasurer</u> | Name and Title: _____ |
| Address: <u>16104 Bridgecrossing Dr.</u> | Address: _____ |
| <u>Lithia, Fl. 33547</u> | _____ |
| _____ | _____ |
| Name and Title: _____ | Name and Title: _____ |
| Address: _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 13 PM 7:41

FILED

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: Jodi Chadwell
Address: 16104 Bridgecrossing Dr.
Lithia , Fl. 33547

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 DEC 13 PM 7:41

FILED

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Jodi Chadwell
Address: 16104 Bridgecrossing Dr.
Lithia , Fl. 33547

ARTICLE VIII EFFECTIVE DATE: 10-21-19

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

Jodi K. Chadwell
Required Signature of Registered Agent

10-21-19
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.

Jodi K. Chadwell
Required Signature of Incorporator

10-21-19
Date