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(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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# COVER LETTER

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

SUBJECT: RECOVERED AND RESTORED INC.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Recovered and Restored Inc.

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: ERLING S. SMEDVIG  
Name (Printed or typed)

770 SANDIAL CT. #500  
Address

OKALOOSA IS, FL 32548  
City, State & Zip

847-370-7447  
Daytime Telephone number

ERLING@SMEDVIGS.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**  
The name of the corporation shall be: RECOVERED AND RESTORED Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

770 SUNDIAL CT # 500

OKALOOSA IS, 32548

Mailing address, if different is:

same

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: CHRISTIAN RECOVERY MINISTRY FOR  
ADDICTIONS, PERSONAL STRUGGLES, CO-DEPENDENCY  
AND SPIRITUAL DEVELOPMENT.

**ARTICLE IV MANNER OF ELECTION** The manner in which the directors are elected and appointed: BY

MAJORITY VOTE OF BOARD MEMBERS BIENNIAL

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title:	<u>ERLING SWEDEVIC-DR</u> <sup>EXEC</sup>	Name and Title:	<u>LISA SWEDEVIC</u> <sup>PRESIDENT</sup>
Address:	<u>770 SUNDIAL CT #500</u> <u>OKALOOSA, IS 32548</u>	Address:	<u>770 SUNDIAL CT #500</u> <u>OKALOOSA IS. 32548</u>

Name and Title:	<u>SHAWN YORK</u> <sup>SPIRITUAL</sup> <sub>ADVISOR</sub>	Name and Title:	
Address:	<u>253 FAIRPOINT DR.</u> <u>GULF BREEZE, FL</u> <u>32561</u>	Address:	

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

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

**ARTICLE VI REGISTERED AGENT**

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

Name: LISA SMEDVIG  
Address: 770 SUNDIAL CT #500  
OKALOOSA IS FL 32548

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**ARTICLE VII INCORPORATOR**

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

Name: ERLING SMEDVIG  
Address: 770 SUNDIAL CT #500  
OKALOOSA IS FL 32548

**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.

**I, \_\_\_\_\_, 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**

Lisa M. Smedvig  
Required Signature of Registered Agent

Dec 1, 2019  
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.**

Erling Smedvig  
Required Signature of Incorporator

DEC 1, 2019  
Date