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COVER LETTER

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

SUBJECT: FIRST COAST RECOVERY ADVOCATES (FCRA), 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: Grace De La Rosa

Name (Printed or typed)

23 West 8th Street

Address

Jacksonville, FL 32206

City, State & Zip

(904) 386-3634

Daytime Telephone number

firstcoastrecoveryadvocates@gmail.com

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

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

2020 APR -2 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be: First Coast Recovery Advocates (FCRA), Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
23 West 8th Street, Jacksonville, FL 32206

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____
The purpose of the First Coast Recovery Advocates (FCRA), Inc. (hereinafter "FCRA"), is to coordinate
peer-driven services that provide substance use recovery resources to our local community. FCRA is organized exclusively for
charitable purposes, the making of distributions to organizations as exempt organizations described that qualify under
Section 501(c)(3) of the Internal Revenue Code, or corresponding of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed, _____
Election by simple majority vote at regularly scheduled community meetings

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>De La Rosa, Grace</u>	Name and Title:	<u>Renaud, Dan</u>
Address	<u>Chairperson, Founding Board</u>	Address:	<u>Vice-Chairperson, Founding Board</u>

Name and Title:	<u>Amar, Anne</u>	Name and Title:	_____
Address	<u>Secretary/Treasurer, Founding Board</u>	Address:	_____

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

2020 APR - 2 AM 6:50
SECRETARY OF STATE
TALLAHASSEE, FL

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: Dan Renaud, River Oak Center
Address: 23 West 8th Street
Jacksonville, FL 32206

ARTICLE VII INCORPORATOR

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

Name: Grace De La Rosa, c/o Dan Renaud
Address: 23 West 8th Street
Jacksonville, FL 32206

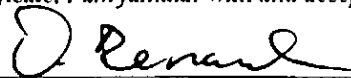
ARTICLE VIII EFFECTIVE DATE:

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.

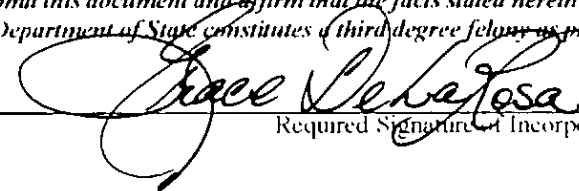
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

3/30/2020
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 §817.155, F.S.



Required Signature of Incorporator

March 30, 2020
Date

FILED
2020 APR -2 AM 6:50
DEPT. OF STATE
TALLAHASSEE, FL