

N200000012840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

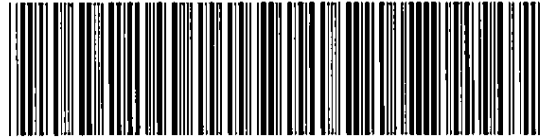
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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P R I C O

NOV 17 2020

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COVER LETTER

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

SUBJECT: Second Chance Outreach & Reentry Service, 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: Anita Smith
Name (Printed or typed)

125 Washington St
Address

Chattahoochee, FL 32324
City, State & Zip

(850) 408-5387
Daytime Telephone number

Secondchancemin3@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

The name of the corporation shall be:

Second Chance outreach and Reentry Service, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:

Mailing address, if different is:

125 Washington ST
Chattahoochee, FL, 32324

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide service to meet needs of family
member in support of incarcerated parents such as food
clothing, shelter, spiritual/emotional, provide family member
visit incarcerated parents when allowed on ind on group living
provide Educational, Social, Recreational - Life skills training
to help strengthen families and in need of
emotional and spiritual need

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

as provided for in the Bylaws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

Anita Smith president

Name and Title:

Address:

125 Washington St
Chatt, FL

Address:

Name and Title:

Diane Bate Board member

Name and Title:

Address:

P.O. Box 182
Chatt, FL 32324

Address:

Name and Title:

Willie Miller Secretary

Name and Title:

Address:

2264 Graphene Ln
Tall, FL 32310

Address:

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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: Anita Smith

Address: 125 Washington St
Chatt, FL 32324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Anita Smith (President)

Address: 125 Washington St
Chatt, FL 32324

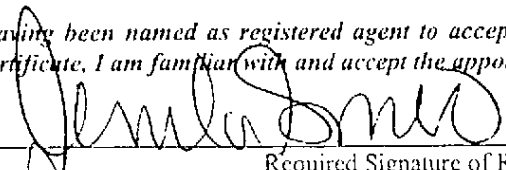
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 11/16/20 (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.)

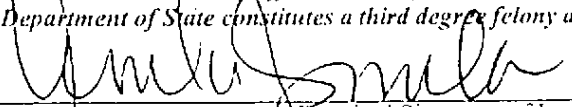
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

11/16/20
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

11/16/20
Date

N20000012840

Second Chance ~~Ass~~

Outreach & Reentry

SV4 IN

New Filing

11/16/20

— Anita Smith Releasing

Name for new filing
for 1/21/21

Anita Smith

FILED

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ALLIANCE FL