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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

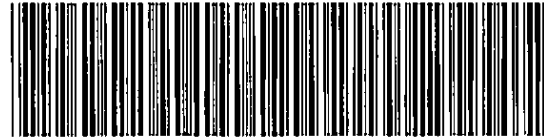
(Document Number)

Certified Copies _____ Certificates of Status _____

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Paralegal to Bruce W. Robinson
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December 18, 2020

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Attention: New Filing Section

**Re: Articles of Organization for Suwannee Valley Victims Assistance
Coalition, Inc.**

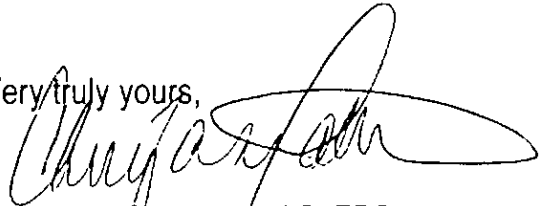
Dear Sir or Madam:

Enclosed please find the following:

- 1) Cover Letter to Registration Section;
- 2) Articles of Organization for Florida Limited Liability Company; and
- 3) Check number 304 in the amount of \$87.50 for the filing fee, certificate of status and certified copy.

Should you have any questions or require additional information, please do not hesitate to contact me.

Very truly yours,


Cherylann Patterson, AS, FRP
With a Degree in Paralegal Studies to
Bruce W. Robinson

CP/
Enclosures: as stated.

COVER LETTER

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

SUBJECT: Suwannee Valley Victims Assistance Coalition, 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: Emily Calvin
Name (Printed or typed)
3441 N.W. 52nd Avenue
Address
Gainesville, FL 32605
City, State & Zip
386-269-7583
Daytime Telephone number
SVVAC2020@gmail.com
E-mail address: (to be used for future annual report notification)

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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: Suwannee Valley Victims Assistance Coalition, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

100 Court Street

Suite 224

Live Oak, FL 32060

Mailing address, if different is:

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to increase victim access to available services through the collaboration with member agencies and service providers, to create innovative approaches to advocacy, and to raise the awareness in and educate the community as to crime victimization.

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

Meeting of the Members.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Emily Calvin, President**
Address: **3441 N.W. 52nd Avenue**
Gainesville, FL 32605

Name and Title: **Stephanie Cheshire, Vice President**
Address: **3937 U.S. Highway 41**
Jennings, FL 32053

Name and Title: **Julie Glenn, Treasurer**
Address: **154 S.W. Ferndale Place**
Lake City, FL 32025

Name and Title: **Christina Johnson, Secretary**
Address: **S.E. Kerce Glen**
Lulu, FL 32601

ARTICLE VI REGISTERED AGENT

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

Name and Title: **Emily Calvin**
Address: **3441 N.W. 52nd Avenue**
Gainesville, FL 32605

ARTICLE VII INCORPORATOR

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

Name and Title: Emily Calvin
Address: 3441 N.W. 52nd Avenue
Gainesville, FL 32605

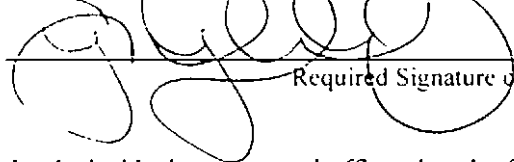
ARTICLE VIII EFFECTIVE DATE:

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.

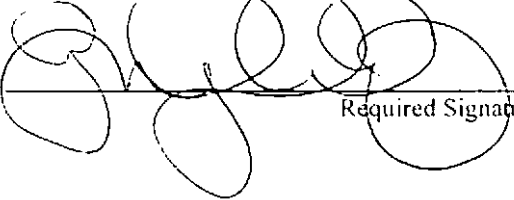
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

12/8/20
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

12/8/20
Date

2020 DEC 21 AM 10:00