

N21 000006802

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

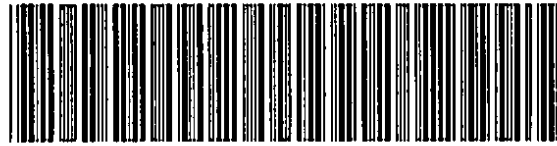
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2022 AUG 19 AM 9:12

Restated Articles

DEC 05 2022

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## COVER LETTER

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

SUBJECT: Place of Peace Orlando, Inc

CORPORATE NAME

Enclosed are an original and one (1) copy of the restated articles of incorporation and a check for:

☒ \$35.00      ☐ \$43.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$43.75      ☐ \$52.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

2022 MAY 19 AM 9:12

FROM: Tanya Robinson

Name (Printed or typed)

P O Box 550072

Address

Longwood, FL 32752

City, State & Zip

910-257-0086

Daytime Telephone number

PlaceofPeaceOrlando@gmail.com

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

**NOTE: Please provide the original and one copy of the document.**

## RESTATED ARTICLES OF INCORPORATION

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

2022 AUG 19 PM 9:12

### ARTICLE I NAME

The name of the corporation is: Place of Peace Orlando, Inc

### ARTICLE II RESTATED ARTICLES

The text of the Restated Articles is as follows: Not for Profit Transitional Living Service Coporation

whose properties and assets of the Corporation are irrevocably to and for non-profit  
purposes only. No part of the net earnings, properties, or assets of this Corporation  
on dissolution or otherwise, shall inure to the benefit of any member, director, or officer  
of this Corporation. On liquidation or dissolution of corporation, all remaining properties  
and assets shall be distributed for one or more exempt purposes within the meaning of  
of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any  
future Federal tax code. Any assets not so disposed shall be disposed of by a court of  
competent jurisdiction of the county in which the principal office of the corporation is located.  
Disposal shall be made exclusively for exempt or public purposes or be made to such  
organization or organizations as the court shall determine to be organized exclusively for such purposes.

### ARTICLE III OFFICERS AND/OR DIRECTORS (optional)

- If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

**Example:**

X Change                      PT        John Doe  
  
X Remove                    V        Mike Jones  
  
X Add                        SV        Sally Smith

<u>Type of Action</u> (Check One)	<u>Title</u>	<u>Name</u>	<u>Address</u>
1) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
2) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
3) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
4) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
5) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____
6) <input type="checkbox"/> Change	_____	_____	_____
<input type="checkbox"/> Add	_____	_____	_____
<input type="checkbox"/> Remove	_____	_____	_____

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

Name: Tanya Robinson  
Address: 5609 Arundel Drive  
Orlando, FL 32808

*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/Registered Agent

7/1/22  
Date

**ARTICLE VI ARTICLE CONSOLIDATION**

These adopted restated articles of incorporation supersede the original articles of incorporation and all amendments to them.

**ARTICLE VII REQUIRED ADOPTION INFORMATION**

Adoption of Amendment(s) (CHECK ONE)

☐ These restated articles of incorporation contain an amendment to the articles of incorporation which required member approval. The date of adoption of the amendments was \_\_\_\_\_, and the votes cast were sufficient for approval

☒ These restated articles of incorporation were adopted by the board of directors.

**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 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 submit this document and affirm that the facts stated herein are true. I am aware that the 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.*

Dated: 7/1/2022

Signature: \_\_\_\_\_

(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee or other court appointed fiduciary by that fiduciary)

**Tanya Robinson**

\_\_\_\_\_  
(Typed or printed name of person signing)

**Treasurer**

\_\_\_\_\_  
(Title of person signing)