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21 MAY 13 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

JUN 07 2021

COVER LETTER

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

SUBJECT: Buyer Rehabilitation Project 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: Shannon Stahlin

Name (Printed or typed)

200 E Liberty PO Box 7089

Address

Ann Arbor, MI 48107

City, State & Zip

877-281-6496

Daytime Telephone number

documents@directincorp.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: Buyer Rehabilitation Project Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3205 Painted Blossom Court

Lutz, FL 33558

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Social welfare; joining the fight against human trafficking

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TALLAHASSEE, FLORIDA

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

The manner in which directors are elected or appointed is set out in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: John Shackelford, Director

Address: 30351 Colehaven Ct
Wesley Chapel, FL 33543

Name and Title: Bill Hauver, Director

Address: 5562 Avenue Du Soleil
Lutz, FL 33558

Name and Title: David Hudson, Director

Address: PO Box 2497
Land O' Lakes FL, 34639

Name and Title: Oscar Arrendondo, Director

Address: Palmetto, FL 34221

Name and Title: Delacey Allen, Director

Address: 4376 Bexley Village Dr
Land O' Lakes, FL 34638

Name and Title: _____

Address: _____

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: Arthur Teixeira
Address: 3205 Painted Blossom Court
Lutz, FL 33558

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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

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

Name: Shannon Stahlin
Address: 200 E Libert PO Box 7089
Ann Arbor, MI 48107

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.)

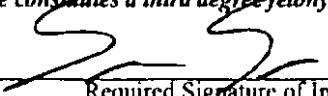
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

4-19-2021
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

4-19-2021
Date