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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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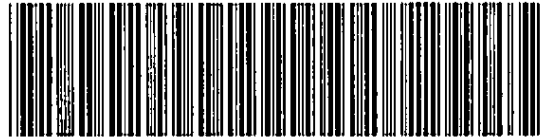
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JAN 31 AM 9:58

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70.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

D. O'KEEFE

FEB 16 2022

2

COVER LETTER

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

SUBJECT: Life Intervention Focus Team, 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: William L. Barrs III

Name (Printed or typed)

120 108th Avenue

Address

Treasure Island, FL 33706

City, State & Zip

727-260-2367

Daytime Telephone number

wbarrs@mytreasureisland.org

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)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the corporation shall be: Life Intervention Focus Team, Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address:
120 108th Avenue

Mailing address, if different:

same

Treasure Island, FL 33706

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Creates a foundation that utilizes donated funds to advance the availability of social services for the residents of Treasure Island. Social services would include, among others, substance abuse treatment, mental health counseling, emergency and sustainable housing for residents and the homeless in need. These services would: relieve stress of the poor, the distressed, or the underprivileged; lessen the burdens of government; lessening neighborhood tensions; eliminate prejudice and discrimination; defend human and civil rights secured by law; and combating community deterioration.

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed:

Appointed by City Commission

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William L. Barrs III - Chairperson

Name and Title: _____

Address: 120 108th Avenue

Address: _____

Treasure Island, FL 33706

Name and Title: John Barkley - Vice Chairperson

Name and Title: _____

Address: 120 108th Avenue

Address: _____

Treasure Island, FL 33706

Name and Title: Frank Velton - Secretary/Treasurer

Name and Title: _____

Address: 120 108th Avenue

Address: _____

Treasure Island, FL 33706

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2022 JAN 31 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: William L. Barrs III

Address: 120 108th Avenue

Treasure Island, FL 33706

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE VII INCORPORATORThe name and address of the Incorporator is:

Name: William L. Barrs III

Address: 120 108th Avenue

Treasure Island, FL 33706

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*William Barrs

Required Signature of Registered Agent

1/21/2022

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.*William Barrs

Required Signature of Incorporator

1/21/2022

Date