

N23000007638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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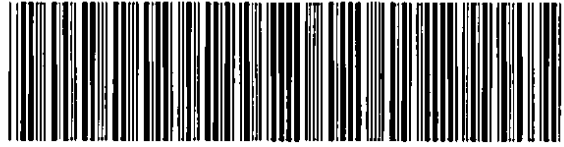
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Handwritten signature and date 6/23/23

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SECRETARY OF STATE
TALLAHASSEE, FL

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COVER LETTER

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

SUBJECT: 1 COMMUNITY ADVOCATE NETWORK, 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: Althera Johnson

Name (Printed or typed)

1290 E. Sage Street

Address

Monticello, FL 32344

City, State & Zip

850-933-2012

Daytime Telephone number

johnsonalthera1@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: 1 COMMUNITY ADVOCATE NETWORK, INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
1290 E. SAGE STREET

Mailing address, if different is:

MONTICELLO, FLORIDA 32344

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide education, representation, and other outreach services for the impro
Serve as the liaison between communities and an array of local and state authorities and volunteer providers.

Serve as the liaison between communities and an array of local and state authorities and volunteer providers.

Assist individuals, families and communities to bring about social changes and improve the quality of life in their local areas.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Althera Johnson - President

Name and Title: Glyndell Presley - Secretary

Address 1290 E. Sage Street

Address: 990 S. Tung Street

Monticello, FL 32344

Monticello, FL 32344

Name and Title: Brittany Farrior - Treasurer

Name and Title: _____

Address 604 Brooke Hampton Dr.

Address: _____

Tallahassee, FL 32311

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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: Althera Johnson

Address: 1290 E. Sage Street

Monticello, FL 32344

ARTICLE VII INCORPORATOR

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

Name: Althera Johnson

Address: 1290 E. Sage Street

Monticello, FL 32344

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 6/23/23 (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:

Althera Johnson
Required Signature of Registered Agent

6/23/23
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.

Althera Johnson
Required Signature of Incorporator

6/23/23
Date