

N23000010439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

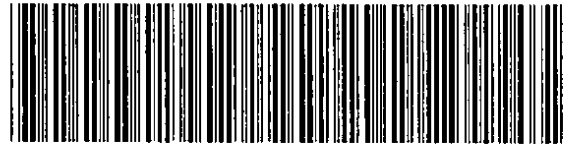
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000414170150

Ed 11/23/23

FILED

2023 SEP - 1 PM 7:44

SECRETARY OF STATE
TALLAHASSEE, FL

09/01/23--010:00:00

RECEIVED

2023 SEP - 1 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FL ORIDA

COVER LETTER

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

I M C

SUBJECT: TRANSITIONAL HOUSES FOR INMATES AND PRISONS
(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: LOU LENTON
Name (Printed or typed)

2400 WALCOTT STREET
Address

TALLAHASSEE, FLA. 32310
City, State & Zip

850, 353, 1080 / 448, 666, 4337
Daytime Telephone number

LOULENTON5@GMAIL.COM
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

FILED
2023 SEP - 1 PM 7:44
SECRETARY OF STATE
TALLAHASSEE, FL

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

ARTICLE I NAME

The name of the corporation shall be: TRANSITIONAL HOUSE'S FOR INMATES AND PRISON I.M.C.

ARTICLE II PRINCIPAL OFFICE

Principal **street** address:

2420 WALCOTT STREET

TALLAHASSEE, FLORIDA, 32310

Mailing address, if different is:

2420 WALCOTT STREET

TALLAHASSEE, FLORIDA, 32310

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: is to help MEN live AND change their
LIFE For the Better.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LOU LENTON Name and Title: _____

Address: 2420 WALCOTT STREET Address: _____

TALLAHASSEE, FL 32310

P

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP - 1 PM 7:44

FILED

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: LOU LENTON
Address: 2420 WALCOTT, STREET
TALLAHASSEE, FLORIDA, 32310

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: LOU LENTON
Address: 2420 WALCOTT, STREET
TALLAHASSEE FLORIDA, 32310

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 9, 1, 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

Lou Lenton 9, 1, 2023
Required Signature of Registered Agent 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.

Lou Lenton 9 1 2023
Required Signature of Incorporator Date

SECRETARY OF STATE
TALLAHASSEE

2023 SEP - 1 PM 7:44

FILED