

N24000002062

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TALLAHASSEE, FL

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TALLAHASSEE, FL

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312
(850) 656-4724

DATE 02/16/2024

****WALK IN****

ENTITY NAME Harlan's Place Foundation, Inc

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXXXX

Plain Copy
Certified Copy
Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments
Certificate of Good Standing

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****APOSTILLE / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

S. R. [Signature]

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

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

SUBJECT: Harlan's Place Foundation, 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: Anthony C. Willoughby

Name (Printed or typed)

P.O. Box 1387

Address

Birmingham, AL 35201

City, State & Zip

205-536-8888

Daytime Telephone number

twilloughby@dflaw.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 Harlan's Place Foundation, Inc.
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE

Principal street address: _____ Mailing address, if different is: _____
2668 Hwy 98, Suite 1100, Santa Rosa Beach, FL 32459 _____

ARTICLE III PURPOSE To create a nurturing and empowering environment for adults with Down
The purpose for which the corporation is organized is: _____
Syndrome. We are committed to providing not just housing, but a home-a place where individuals with Down syndrome can thrive.
_____ lead fulfilling lives, and contribute meaningfully to their community. We aim to offer specialized housing solutions that prioritize
_____ independence, dignity and a sense of belonging. Through personalized counseling services, we strive to support the unique needs
_____ of each resident, fostering their emotional, social and intellectual development.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	Michael Carey, President	Name and Title:	Marina Carey, Vice President
Address	2668 Hwy 98, Suite 1100 Santa Rosa Beach, FL 32459	Address:	668 Hwy 98, Suite 1100 Santa Rosa Beach, FL 32459
Name and Title:	Stephanie Holcomb, Secretary/Treasurer	Name and Title:	
Address	639 Ridge Road Santa Rosa Beach, FL 32459	Address:	
Name and Title:		Name and Title:	
Address		Address:	

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TALLAHASSEE, FL

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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: Michael Carey

Address: 2668 Hwy 98, Suite 1100

Santa Rosa Beach, FL 32459

ARTICLE VII INCORPORATOR

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

Name: Michael Carey

Address: 2668 Hwy 98, Suite 1100

Santa Rosa Beach, FL 32459

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

2/15/2024

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.

2/15/2024

Required Signature of Incorporator

Date

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