

N24000002062

(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



800423912868

FILED

2024 FEB 16 AM 11:02

SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED

2024 FEB 16 PM 3:20

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

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

2024 FEB 16 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$70

ACCOUNT #: I20160000072

E. R. Webb

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@dflhlaw.com

E-mail address: (to be used for future annual report notification)

FILED
2024 FEB 16 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FL

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: Harlan's Place Foundation, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address: 2668 Hwy 98, Suite 1100, Santa Rosa Beach, FL 32459
Mailing address, if different is:

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: To create a nurturing and empowering environment for adults with Down 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:	

SECRETARY OF STATE
TALLAHASSEE, FL

2024 FEB 16 AM 11:02

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: 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

Required Signature of Registered Agent

2/15/2024

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

2/15/2024

Date

FILED
2024 FEB 15 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FL