

NA4000003741

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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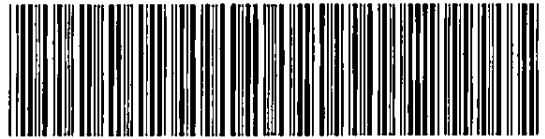
(Business Entity Name)

(Document Number)

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

ARTICLE I NAME

The name of the corporation shall be: Never Once, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
978 Whisper Cove

Winter Haven, FL 33880

Mailing address, if different is:
Same

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Never Once, Inc. exist to glorify God by sharing the Gospel of Hope to all
and by providing helpful tools, resources, and community for individuals and families impacted by a stroke.

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

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Douglas Nathan Shoultz, Director

Address: 978 Whisper Cove
Winter Haven, FL. 33880

Name and Title: _____

Address: _____

Name and Title: Beth Shoultz, Director

Address: 978 Whisper Cove
Winter Haven, FL 33880

Name and Title: _____

Address: _____

Name and Title: Tanya Jeckovich, Director

Address: 2449 - 21st St. NW
Winter Haven, FL 33881

Name and Title: _____

Address: _____

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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: Beth Shoultz

Address: 978 Whisper Cove

Winter Haven, FL 33880

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Douglas Nathan Shoultz

Address: 978 Whisper Cove

Winter Haven, FL 33880

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

Beth Shoultz

Required Signature of Registered Agent

2/10/24

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.

D. Nathan Shoultz

Required Signature of Incorporator

2/10/24

Date

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