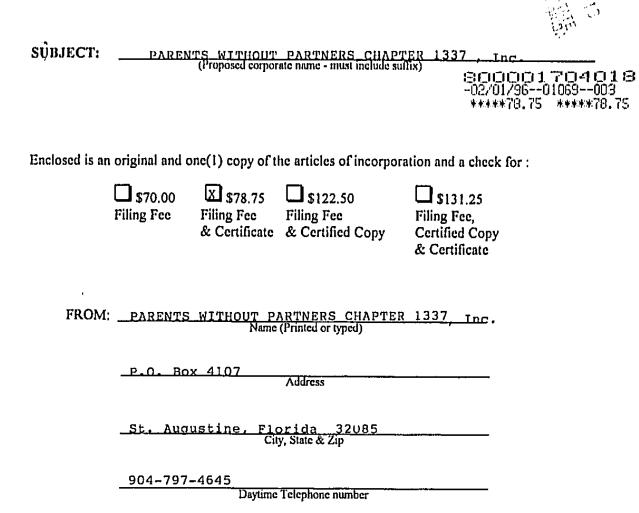
# N96000000619

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



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

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# ARTICLES OF INCORPORATION

The undersigned, acting as incorporator(s) of a corporation pursuant to chapter 617, Florida Statutes, adopt(s) the following Articles of Incorporation:

# ARTICLE I

Name

The name of the corporation shall be:

PARENTS WITHOUT PARTNERS CHAPTER 1337, INC.

#### ARTICLE II

Principal place of business and mailing address
The principal place of business and mailing address of this corporation shall be:

P.O. Box 4107 St. Augustine, Florida 32085

#### ARTICLE III

Purpose(s)

The specific purpose(s) for which the corporation is organized is(are):
The purpose of Parents without Partners is to be an international non-profit, nonsectarian support group for single parents and their children. It provides programs and activities for members.

### **ARTICLE IV**

# Manner of election of directors

The manner in which the directors are elected or appointed is as follows:

By nomination and by democratic majority vote by the membership.

#### ARTICLE V

# Limitation of corporate powers

The corporate powers of this corporation are as provided in section 617.0302, Florida Statutes, unless limited are as follows:

#### ARTICLE VI

# Initial registered agent and street address

The name and the street address of the initial registered agent is:

T. James Grincewich 7380 County Road 208 St. Augustine Florida 32092

#### ARTICLE VII

#### Incorporators

The name(s) and the street address(es) of the incorporator(s) for these articles of incorporation is(are):

T. James Grincewich 7380 County Road 208 St. Augustine, F1 32092 President

James Appleby 1995 Sheridan Rd. St. Augustine F1. 32086

Vice-President

Lynn Bresan

438 Sevilla Dr. St. Augustine, F1 32086
The undersigned incorporator has executed these Articles of Incorporation this 29 day of January

\_\_\_\_\_\_\_, 19<u>\_96\_</u> .

Signature of Incorporator:

T. James Grincewich
Typed name of incorporator signing

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 617.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:	
Parents Without Partners Chapter 1337, Inc. (must include suffix)	
2. The name and address of the registered agent and office is:	<b>21</b>
T. James Grincewich (NAME)	<del></del>
7380 County Road 208 (P.O. Box or Mail Drop Box NOT ACCEPTABLE)	
St. Augustine, Florida 32092 (CITY/STATE/ZIP)	
Having been named as registered agent and to accept service of process corporation at the place designated in this certificate, I hereby accept the apposite and agree to act in this capacity. I further agree to comply with the proceeding to the proper and complete performance of my duties, and I am family the obligations of my position as registered agent.	intment as registered visions of all statutes
1/ -) ren (Stokketter)	/29/96 (D.te)
(Signature)	(witte)