TRANSMITTAL LETTER

DIVISION OF COMMATIONS

93 FEB 23 PM 12: 1

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

900002431149---1 -02/16/98--01041--010 \*\*\*\*\*78.75 \*\*\*\*\*\*78.75

SUBJECT: Bembow'S Love and Care 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

□\$122.50

**\$131.25** 

Fee Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM: PISCILA L. Bemboul
Name (Printed or typed)

rame (Finited of typed)

Address

Defunial Sprs. Fla. 3243

City, State & Zip

(850) 892-0596

Daytime Telephone number

nolk: 892-7635

N98-3502

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



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

February 17, 1998

PRISCILLA L. BEMBOW 513 S. 19TH QUAIL RUN #305 DEFUNIAK SPRINGS, FL 32433

SUBJECT: BEMBOW'S LOVE AND CARE SHELTER

Ref. Number: W98000003502

We have received your document for BEMBOW'S LOVE AND CARE SHELTER and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the corporation must contain a corporate suffix. This suffix may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The document is illegible and not acceptable for imaging.

The articles of incorporation of a nonprofit corporation must be prepared in compliance with section 617.0202, Florida Statutes. Please refer to that section of the law for assistance.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with an address and telephone number where you can be reached during working hours.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

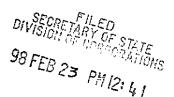
If you have any questions concerning the filing of your document, please call (850) 487-6972.

Doris Brown Document Specialist

Letter Number: 598A00008963

## ARTICLES OF INCORPORATION

ARTICLE I



The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

The name of the corporation shall be:  Benbece 3 Love and Care Sheller INC.
ARTICLE II PRINCIPAL OFFICE  The principal place of business and mailing address of this corporation shall be:  259 Quebec Ave Defuneat Sp15. Fla 32433
ARTICLE III PURPOSE(S)  The specific purpose(s) for which the corporation is organized is(are):  Shelter for homeless People:
ARTICLE IV MANNER OF ELECTION OF DIRECTORS  The manner in which the directors are elected or appointed is:  Directors shall be appointed as slated in the by laws.
ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS  The name and Florida street address of the initial registered agent are:  Poolney Benton 5135.19 <sup>44</sup> Year Rent 305  De Funcat Sprs. Ha 32433
ARTICLE VI INCORPORATOR  The name and address of the Incorporator to these Articles of Incorporation are:  Luculla J. Benkow 573 S19th Quail Run # 305  Definion Spr. s. Ha. 32433  Descelles Z. Benkow 2-00-98
Signature/Incorporator  (An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Signature/Registered Agent

Date