

N99000002027

The Love for the Lost, Inc.

Requestor's Name

1060 St. Claire St.

Address

Jacksonville, FL 32254

City/State/Zip

Phone #

800002821389--1

-03/29/99-01040-008

****131.25 *****87.50

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

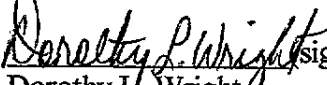
REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

FILED
99 MAR 29 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Examiner's Initials _____

**ARTICLES OF INCORPORATION
OF
THE LOVE FOR THE LOST, INC.**

FILED
99 MAR 29 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ONE:** The name and address of this principal corporation is: The Love For The Lost, Inc., 1060 St. Clair Street, Jacksonville, Florida 32254, in Duval County. The corporation is organized pursuant to the **FLORIDA** Nonprofit Corporation Code.
- TWO:** This corporation is a nonprofit public benefit corporation and is not organized for the private gain of any person. The corporation is organized under the Nonprofit Public Benefit Corporation Law for, charitable and educational purposes to aid the poor and disadvantaged individuals and families towards a life of self sufficiency. The programs will consist of but not limited to: Job Training, Job Placement, Land Acquisition, housing, Employment, Literacy, Counseling, Temporary Shelter, Teenage Pregnancy, Substance Abuse Awareness and Prevention, Tutoring, AIDS, Elderly Care and other programs to aid those in need.
- THREE:** The duration of this corporation shall be perpetual, no stock and shall have no members.
- FOUR:** The address of the Registered office is: 1060 St. Clair Street, Jacksonville, Florida 32254, and the name and address of the registered agent of the corporation shall be:
-  (signature)
Dorothy I. Wright
1060 St. Clair Street
Jacksonville, Florida 32254
- FIVE:**
- (a) This corporation is organized and operated exclusively for Educational and Charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code.
- (b) Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to carry on (1) by a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code.

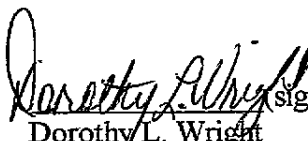
SIX: The Directors are elected in accordance with the Bylaws. The name and address of the persons appointed to act as the initial Directors of this corporation are:

NAME	ADDRESS
Dorothy L. Wright President	1060 St. Clair Street Jacksonville, Florida 32254
Stephanie Tracie Thompson Secretary	3416 Madge Street Jacksonville, Florida 32204
Joe L. Williams Treasurer	1704 Danese Street Jacksonville, Florida 32206

SEVEN: The property of this corporation is irrevocably dedicated to Charitable and Educational purposes and no part of the net income or assets of the organization shall ever inure to the benefit of any director, officer or member thereof or the benefit of any private person.

EIGHT: On the dissolution or winding up of the corporation, its assets remaining after payment of, or provision for payment of, all debts, and liabilities of this corporation, shall be distributed to a nonprofit fund, foundation, or corporation, which is organized and operated exclusively for, Educational and Charitable purposes under Section 501(c)(3) of the Internal Revenue Code, or corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government for a public purpose. Any such asset not disposed of shall be disposed of by the Court of Common Pleas of the county in which the principal office of organization is located, exclusive for such purposes or to such organization or organizations, as said Court shall determine which are organized and operated exclusively for such purposes.

NINE: Executed on March 14, 1999. The name and address of the incorporator of this corporation shall be:

 (signature)
Dorothy L. Wright
1060 St. Clair Street
Jacksonville, Florida 32254

**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:

THE LOVE FOR THE LOST, INC.
(must include suffix)

2. The name and address of the registered agent and office is:

Dorothy L. Wright
(NAME)

1060 St. Clair Street
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Jacksonville, Florida 32254
(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

99 MAR 29 AM 10:40

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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.

Dorothy L. Wright
(SIGNATURE)

3/26/99
(DATE)