

P09000062937

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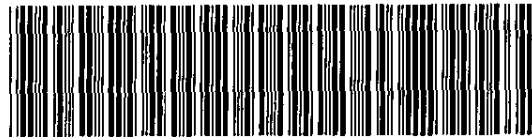
(Business Entity Name)

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7/23/09

W09-32505

not
7-24-09

COVER LETTER

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

SUBJECT: Safe Foundation Family Services, Incorporated
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Jillian Jackson
Name (Printed or typed)

559 Zachary Drive
Address

Apopka, Florida, 32712
City, State & Zip

407-889-9106
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 15, 2009

JILLIAN JACKSON
559 ZACHARY DRIVE
APOPKA, FL 32712

SUBJECT: SAFE FOUNDATION FAMILY SERVICES, INC.
Ref. Number: W09000032505

We have received your document for SAFE FOUNDATION FAMILY SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected 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) 245-6869.

Christine Haney
OPS Clerk
New Filing Section

Letter Number: 809A00024314

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DEPARTMENT OF STATE
09 JUL 23 PM 4: 09

COPIES OF THIS LETTER ARE BEING FURNISHED TO THE FOLLOWING OFFICES:
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52. DIVISION OF STATE MUSEUM OF AGRICULTURE
53. DIVISION OF STATE MUSEUM OF FORESTRY
54. DIVISION OF STATE MUSEUM OF FISHERIES
55. DIVISION OF STATE MUSEUM OF HUNTING
56. DIVISION OF STATE MUSEUM OF FISHING
57. DIVISION OF STATE MUSEUM OF GOLFING
58. DIVISION OF STATE MUSEUM OF BASEBALL
59. DIVISION OF STATE MUSEUM OF SOFTBALL
60. DIVISION OF STATE MUSEUM OF BASKETBALL
61. DIVISION OF STATE MUSEUM OF VOLLEYBALL
62. DIVISION OF STATE MUSEUM OF TENNIS
63. DIVISION OF STATE MUSEUM OF GOLF
64. DIVISION OF STATE MUSEUM OF HOCKEY
65. DIVISION OF STATE MUSEUM OF FIGURE SKATING
66. DIVISION OF STATE MUSEUM OF ICE SKATING
67. DIVISION OF STATE MUSEUM OF SKIING
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86. DIVISION OF STATE MUSEUM OF TAYLOR-PHILLIPS DISEASE SPORTS
87. DIVISION OF STATE MUSEUM OF MARCH OF DIMES SPORTS
88. DIVISION OF STATE MUSEUM OF MUSCULAR DYSTROPHY SPORTS
89. DIVISION OF STATE MUSEUM OF AMYOTROPHIC LATERAL SCLEROSIS SPORTS
90. DIVISION OF STATE MUSEUM OF HUNTINGTON'S DISEASE SPORTS
91. DIVISION OF STATE MUSEUM OF PARKINSON'S DISEASE SPORTS
92. DIVISION OF STATE MUSEUM OF ALZHEIMER'S DISEASE SPORTS
93. DIVISION OF STATE MUSEUM OF FRONTOTEMPORAL DEMENTIA SPORTS
94. DIVISION OF STATE MUSEUM OF LUPUS SPORTS
95. DIVISION OF STATE MUSEUM OF RHEUMATOID ARTHRITIS SPORTS
96. DIVISION OF STATE MUSEUM OF OSTEOARTHRITIS SPORTS
97. DIVISION OF STATE MUSEUM OF GOUT SPORTS
98. DIVISION OF STATE MUSEUM OF MIGRAINE SPORTS
99. DIVISION OF STATE MUSEUM OF EPILEPSY SPORTS
100. DIVISION OF STATE MUSEUM OF MULTIPLE SCLEROSIS SPORTS

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Safe Foundation Family Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

559 Zachary Drive
Apopka, Florida, 32712

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To provide human services and foster care services to abused, neglected and abandoned children as well as to their families and the foster families as well provide human services to community members.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Jillian Jackson, MSW

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Jillian Jackson, MSW
559 Zachary Drive
Apopka, Florida, 32712

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Jillian Jackson, MSW
559 Zachary Drive
Apopka, Florida, 32712

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

Jillian Jackson, MSW
Signature/Registered Agent

Jillian Jackson MSW
Signature/Incorporator

7/01/2009
Date

7/01/2009
Date

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TALLAHASSEE, FL 32309

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