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14 JUN -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

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

FILED
14 JUN -4 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Independence Provision Corporation
(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: Carolyn Altenore
Name (Printed or typed)
1835 62nd Terrace South
Address
Saint Petersburg, Florida 33712
City, State & Zip
727-866-7543
Daytime Telephone number
caltenore@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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:

Independence Provision Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address

1835 62nd Terrace South
St. Petersburg, Florida 33712

Mailing address, if different is:

P. O. Box 16981
St. Petersburg, Florida 33733

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

to work with local communities and
private providers to give individuals and families in need the
support in living, learning, and working in their communities.
We will also work in collaboration with our clients to develop
self-determination and self-advocacy.

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TALLAHASSEE, FLORIDA

ARTICLE IV SHARES

The number of shares of stock is:

50

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Carolyn Altenore - President

Address: 1835 62nd Terrace South
St. Petersburg, Florida 33712

Name and Title: Carolyn Altenore -Secretary

Address: 1835 62nd Terrace South
St. Petersburg, Florida 33712

Name and Title: Carolyn Altenore -Treasurer

Address: 1835 62nd Terrace South
St. Petersburg, Florida 33712

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

(conti.)

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: Carolyn Altenore

Address: 1835 62nd Terrace South
St. Petersburg, FL 33712

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Carolyn Altenore

Address: 1835 62nd Terrace South
St. Petersburg, FL 33712

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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

Carolyn Altenore

Required Signature/Registered Agent

June 1, 2014

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Carolyn Altenore

Required Signature/Incorporator

June 1, 2014

Date