

P15000018935

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

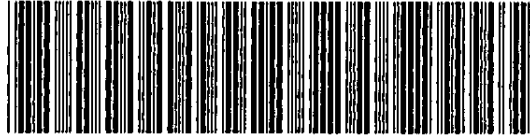
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15 FEB 26 PM 7:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

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

SUBJECT: Dignity First of Florida, Inc.

(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: Lisa Evers

Name (Printed or typed)

100 Lucas Drive

Address

Brooksville, Florida 34601

City, State & Zip

352-346-6058

Daytime Telephone number

Dignityfirstofflorida@gmail.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: Dignity First of Florida, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

100 Lucas Drive

Brooksville, Florida 34601

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: referral agency

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa Evers, President

Address: 100 Lucas Drive
Brooksville, FI 34601

Name and Title: Alicia Collins, Vice President

Address: 13080 Old Crystal River Road
Brooksville, FI 34601

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

Name and Title: _____

Address: _____

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TALLAHASSEE FLORIDA

(cont.)

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: Lisa Evers

Address: 100 Lucas Drive
Brooksville, Florida 34601

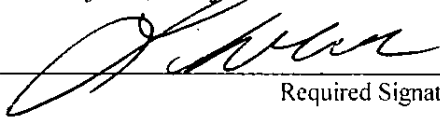
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Lisa Evers

Address: 100 Lucas Drive
Brooksville, FI 34601

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:




Required Signature/Registered Agent

2/20/15

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.



Required Signature/Incorporator

2/20/15

Date

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