

PI5000069427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

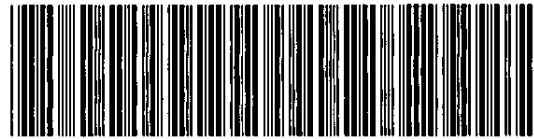
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2015 AUG 18 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

AUG 21 2015

T. BROWN

COVER LETTER

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

SUBJECT: STROKE OF GRACE 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: JEREMIAH FORTSON
Name (Printed or typed)

4002 THONOTOSASSA RD
Address

PLANT CITY, FLORIDA 33565
City, State & Zip

813-263-5111
Daytime Telephone number

jfortso2@gmail.com/sgrace14@tampabay.com
E-mail address: (to be used for future annual report notification)

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

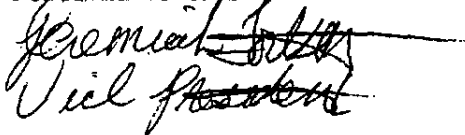
To: The Department Of State
Division Of Corporations:
From: Stroke Of Grace Inc.
Adult Family Care Home

Attention: MS. Teresa Brown
Regulatory Specialist II:

Dear Ms. Brown, I am writing this letter to advise that the Non-Profit Corporation Stroke Of Grace Inc. will not revoke the dissolution and the name is being released to be reused.

Thank You

Jeremiah Fortson

A handwritten signature in black ink, appearing to read "Jeremiah Fortson", with a horizontal line drawn through it.

Vice President

Stroke Of Grace Inc.

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

FILED
2015 AUG 18 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: STROKE OF GRACE INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4002 THONOTOSASSA RD.
PLANT CITY FL 33565

4002 THONOTOSASSA RD.
PLANT CITY FL 33565

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL PURPOSES
ANY AND ALL LAWFUL PURPOSES

ARTICLE IV SHARES

The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ELNORA BURROUGHS PRESIDENT Name and Title: _____

Address 4002 THONOTOSASSA RD Address: _____
PLANT CITY
FLORIDA 33565

Name and Title: PRINCESS C. FORTSON V. PRES. Name and Title: _____

Address 2028 MLKING AVE. Address: _____
LAKE LAND
FLORIDA, 33805

Name and Title: JEREMIAH H FORTSON VICE PRES Name and Title: _____

Address 6737 W. RIVERCHASE DR Address: _____
TEMPLE TERRACE
FLORIDA 33637

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: MRS. ELMORA BURROUGHS

Address: 4002 THONOTOSASSA RD.
PLANT CITY FL, 33565

ARTICLE VII INCORPORATOR

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

Name: JEREMIAH FORTSON

Address: 6737 W. RIVERCHASE DR.
TEMPLE TERRACE FL, 33637

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Elmora Burroughs

Required Signature/Registered Agent

08-14-15

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.

Jeremiah Fortson

Required Signature/Incorporator

08-14-15

Date