

P/6000019086

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☐ PICK-UP

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(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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15 FEB 26 AM 10:21

W15-065020

2/02/16



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2015

SYLVIA APPOLON
P.O. BOX 26
BOCA RATON, FL 33429

SUBJECT: VILLAGES OF CHILDREN
Ref. Number: W15000065020

We have received your document for VILLAGES OF CHILDREN and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

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) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 215A00020644

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RECEIVED
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Villages for Children
(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
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Sylvia Appolon / Yvette Silfrain
Name (Printed or typed)

P.O. Box 26
Address

Boca Raton, FL 33429
City, State & Zip

(954) 860-2877
Daytime Telephone number

ysilfrain@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: Villages for Children, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

5551 Winston Park Blvd N, Apt. 106
Coconut Creek, FL 33073

P.O. Box 26
Boca Raton, FL 33429

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the Villages for Children organization is to assist families with maintaining a stable environment to nurture and preserve the family dynamics through consistent family visitation.

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ARTICLE IV SHARES

The number of shares of stock is: 100 = 10x10=100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Yollette Silfrain-Pres</u>	Name and Title:	<u>Sylvia Appolon-President</u>
Address	<u>P.O. Box 26</u> <u>Boca Raton, FL 33429</u>	Address:	<u>P.O. Box 26</u> <u>Boca Raton, FL 33429</u>

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____

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:

Sylvia Appelon

Address:

5551 Winston Park Blvd N, Apt 106
Coconut Creek, FL 33073

ARTICLE VII INCORPORATOR

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

Name:

Yollette Silfrain

Address:

P.O. Box 26
Boca Raton, FL 33429

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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

Required Signature/Registered Agent

9/2/2015
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

9/2/2015
Date