

P16000090035

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

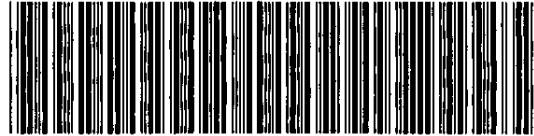
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08/28/16--01005--019 **43.75

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10/03/16--01003--008 **26.25

FILED
16 SEP 29 PM 4:50
FILING OFFICE
TALLAHASSEE, FLORIDA

T. BURCH
OCT 3 2016

COVER LETTER

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

SUBJECT: FAMILY LIFE COUNSELING SERVICES, 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
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

*CREDIT
OF \$43.75
TO BE APPLIED
26.25 DUE*

FROM: DALE SIMPSON
Name (Printed or typed)

162 MORNINGSTAR RD
Address

VENICE, FL 34285-6012
City, State & Zip

352-514-5810
Daytime Telephone number

dale5m@gmail.com
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 9, 2016

DR DALE SIMPSON
162 MORNINGSTAR RD
VENICE, FL 34285

SUBJECT: FAMILY LIFE COUNSELING SERVICES, INC.
Ref. Number: L99204

We have received your document for FAMILY LIFE COUNSELING SERVICES, INC. and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

Articles of Revocation of Dissolution can only be filed within 120 days from the date the Articles of Dissolution were filed. This document cannot be filed because the 120 day period has expired.

Please return 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) 245-6050.

Rebekah White
Regulatory Specialist II

Letter Number: 116A00019189

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: FAMILY LIFE COUNSELING SERVICES, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

162 MORNINGSTAR RD
VENICE, FL 34285-6012

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: COUNSELING, EDUCATION, COACHING

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DALE SIMPSON, PRESIDENT Name and Title:

Address 162 MORNINGSTAR RD Address:
VENICE, FL 34285-6012

Name and Title: Name and Title:

Address Address:

Name and Title: Name and Title:

Address Address:

16 SEP 29 PM 4:50
DALE SIMPSON

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: DALE SIMPSON
 Address: 162 MORNINGSTAR RD
VENICE, FL 34285-6012

ARTICLE VII INCORPORATOR

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

Name: DALE SIMPSON
 Address: 162 MORNINGSTAR RD
VENICE, FL 34285-6012

DEPARTMENT OF STATE
 TALLAHASSEE, FLORIDA
 16 SEP 29 PM 4:50
 FILED

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

Dale Simpson

Required Signature/Registered Agent

9/27/16
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.

Dale Simpson

Required Signature/Incorporator

9/27/16
Date