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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

dale.simp@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

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

The name of the corporation shall be: FAMILY LIFE COUNSELING SERVICES, INC.

## Mailing address, if different is:

162 MORNINGSTAR RD

VENICE, FL 34285-6012

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

The number of shares of stock is: 100

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: \_\_\_\_\_

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

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TALLAHASSEE, FLORIDA

**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