

Feb. 3. 2017 3:06PM

407-886-0087

No. 2505 P. 1

**P17 000 11632**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
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Account Number : 076635001571  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: alchernoff34@gmail.com

**FLORIDA PROFIT/NON PROFIT CORPORATION  
CERTIFIED SECOND CHANCE, INC.**

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Corporate Filing Menu

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FEB 03 2017

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**FLORIDA PROFT SOCIAL PURPOSE CORPORATION**

**COVER LETTER**

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

CERTIFIED SECOND CHANCE, INC.

**SUBJECT:** \_\_\_\_\_  
(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**

ALLAN CHERNOFF  
**FROM:** \_\_\_\_\_  
Name (Printed or typed)  
8530 Milano Drive # 21110  
\_\_\_\_\_  
Address  
Orlando, Florida 32810  
\_\_\_\_\_  
City, State & Zip  
(407) 701-2226  
\_\_\_\_\_  
Daytime Telephone number  
ALCHERNOFF39@GMAIL.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

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

**ARTICLES OF INCORPORATION FOR FLORIDA PROFIT SOCIAL PURPOSE CORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

**ARTICLE I NAME**The name of the social purpose corporation shall be CERTIFIED SECOND CHANCE, INC.**ARTICLE II PRINCIPAL OFFICE**

Principal ~~street~~ address  
8530 MILANO DRIVE #21110  
ORLANDO, FLORIDA 32810

Mailing address, if different is:

**ARTICLE III SOCIAL PURPOSE STATEMENT AND BUSINESS PURPOSE**

The corporation elects to be a social purpose corporation in accordance with s. 607.503, F.S.

The business purpose and public benefit(s) for which the corporation is organized are:

To provide felons in the State of Florida and, ultimately, other states, the framework that is

needed for them to re-enter society, honestly acknowledge their criminal history and prove to a

potential employer and the general community, that they are now trustworthy.

The specific public benefit(s) to be created by the corporation (in addition to its general purpose) is/are as follows (optional):

To remain committed to a second bottom line that is measured in its ability to make a significant

difference in the lives of people who want to return to meaningful lives in their communities, even

though they have been convicted and/or incarcerated in the past.

**ARTICLE IV SHARES**

1,000

The number of shares of stock is:

**ARTICLE V INITIAL OFFICERS, DIRECTORS, BENEFIT DIRECTOR AND BENEFIT OFFICER (if Applicable)**Name and Title: JOSEPH KILSHEIMERAddress: 2377 Home Again Road  
Apopka, Florida 32712Name and Title: DEVERON GIBBONSAddress: 1050 18th Avenue, South  
St. Petersburg, Florida 33705Name and Title: ROBERT OLSZEWSKIAddress: 1130 Copenhagen Way  
Winter Garden, Florida 34787Name and Title: ALLAN CHERNOFFAddress: 8530 Milano Drive # 21110  
Orlando, Florida 32810

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

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If applicable, BENEFIT DIRECTOR:

If applicable, BENEFIT OFFICER:

Name :

Name:

Address

Address:

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: ALLAN CHERNOFF  
Address: 8530 Milano Drive # 21110  
Orlando, Florida 32810

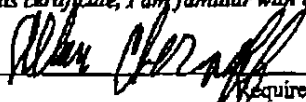
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: ALLAN CHERNOFF  
Address: 8530 Milano Drive # 21110  
Orlando, Florida 32810

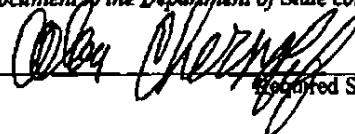
**ARTICLE VIII ADDITIONAL QUALIFICATIONS OF BENEFIT DIRECTOR, IF ANY:**

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

2-3-17  
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

2-3-17  
Date