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17 MAR 23 PM 2:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

03/24/17

## COVER LETTER

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

**SUBJECT:** Families Against Abuse Batterer's Intervention Program 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:** Families In Recovery Of Central Florida Inc

Name (Printed or typed)

165 W Jessup Ave Suite A

Address

Longwood Florida 32750

City, State & Zip

407-260-1165

Daytime Telephone number

abrufiange@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: Families Against Abuse Batterer's Intervention Program Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different is:

165 w Jessup Suite A

Longwood Florida 32779

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: A Batterer's Intervention Program for Men and Woman

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Anne Rufiange President

Name and Title: Melissa Wightman Vice President

Address 165 W Jessup Ave suite A

Address: 165 W Jessup Ave Suite A

Longwood fl 32750

Longwood Fl 32750

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

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: Anne Rufiange \_\_\_\_\_

Address: 165 W Jessup Suite A \_\_\_\_\_

Longwood fl 32750 \_\_\_\_\_

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**ARTICLE VII INCORPORATOR**

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

Name: Families In Recovery of Central Fl Inc \_\_\_\_\_

Address: 165 W Jessup Ave Suite A \_\_\_\_\_

Longwood florida 32750 \_\_\_\_\_

**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 days prior or 90 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

3/19/17  
\_\_\_\_\_  
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

3/19/17  
\_\_\_\_\_  
Date

*PGM/hrs  
in Rel on  
@ C.F.*