

P17000063827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

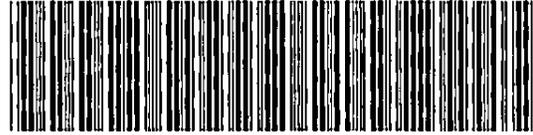
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE  
FLORIDA

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W17-057829

07/28/17



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 13, 2017

ANTHONY WAUGH  
2434 AVENUE "E"  
RIVIERA BCH., FL 33404

SUBJECT: ACTIVE LOVE AFTERCARE PROGRAMS, INC.  
Ref. Number: W17000057829

We have received your document for ACTIVE LOVE AFTERCARE PROGRAMS, INC. 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 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.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

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: 317A00014151

## COVER LETTER

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

**SUBJECT:** Active Love Aftercare Programs, 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**

**FROM:** Anthony Waugh

Name (Printed or typed)

1452 9th Street

Address

West Palm Beach, Florida 33401

City, State & Zip

561-227-8778

Daytime Telephone number

loveshiningdetails@gmail.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: Active Love Aftercare Programs, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal <b>street</b> address	Mailing address, if different is:
<u>2434 Avenue " E"</u>	<u>1452 9th Street</u>
<u>Riviera Beach, Florida 33404</u>	<u>West Palm Beach, Florida 33401</u>

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide a safe, loving environment for children ages 5 to 12 years within the Riviera Beach community. The program will offer, aftercare, home work assistance, gross and fine motor skills as well as nutritious snacks.

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 STATE OF FLORIDA

**ARTICLE IV SHARES**

The number of shares of stock is: 100 shares

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

Name and Title: <u>Anthony Waugh -President</u>	Name and Title: <u>Jacqueline Palmer- Vice President</u>
Address: <u>1452 9th Street</u>	Address: <u>4729 Brook Drive</u>
<u>West Palm Beach, Florida 33401</u>	<u>West Palm Beach, Florida 33417</u>
Name and Title: <u>Vanessa Waugh - Secretary</u>	Name and Title: _____
Address: <u>4729 Brook Drive</u>	Address: _____
<u>West Palm Beach, Florida 33417</u>	_____
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: Alicia W. Saffold  
 Address: 2915 East Tamarind Avenue #2  
West Palm Beach, FL 33407

DEPARTMENT OF STATE  
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 WEST PALM BEACH, FLORIDA

**ARTICLE VII INCORPORATOR**

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

Name: Alicia W. Saffold  
 Address: 2915 East Tamarind Avenue #2  
West Palm Beach, FL 33407

**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*

Alicia W. Saffold 7/25/2017  
 Required Signature/Registered Agent 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.*

Alicia W. Saffold 7/25/2017  
 Required Signature/Incorporator Date