

P170000 81475

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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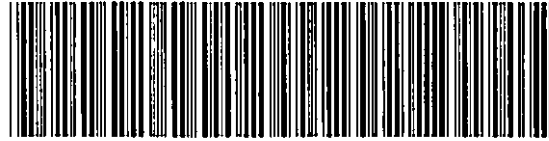
(Business Entity Name)

(Document Number)

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17 OCT 10 AM 9:24
TALLAHASSEE, FLORIDA

OCT 11 2017

K. Brumbley

COVER LETTER

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

SUBJECT: Society for the Rescue of Our Elders, 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: Nancy O. Kuhn, Esq.

Name (Printed or typed)

Jackson & Campbell, P.C., 1120 20th Street, NW, Suite 300-South

Address

Washington, DC 20036

City, State & Zip

202-457-1621

Daytime Telephone number

nkuhn@jackscamp.com

E-mail address: (to be used for future annual report notification)

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

17 OCT 10 AM 9:24
RECEIVED
CLERK OF DISTRICT
CLERK OF DISTRICT
CLERK OF DISTRICT

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: Society for the Rescue of Our Elders, Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address Mailing address, if different is
3600 West Commercial Boulevard
Fort Lauderdale, FL 33309

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: The purpose of the Corporation is to provide a public benefit and to engage in any other lawful activity for which corporations may be incorporated in Florida.

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Bill Faloon, President</u>	Name and Title:	_____
Address	<u>3600 West Commercial Boulevard</u>	Address:	_____
	<u>Fort Lauderdale, FL 33309</u>		_____

Name and Title:	<u>Chase Faloon, Secretary/Treasurer</u>	Name and Title:	_____
Address	<u>3600 West Commercial Boulevard</u>	Address:	_____
	<u>Fort Lauderdale, FL 33309</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: CT Corporation System
Address: 1200 S. Pine Island Road #250
Plantation, FL 33324

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Nancy O. Kuhn, Esq.
Address: 1120 20th St., NW, Ste. 300-South
Washington, DC 20036

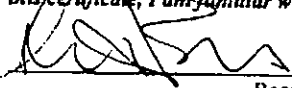
ARTICLE VIII EFFECTIVE DATE:

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


Sierra Burnis
Vice President & Assistant Secretary

Required Signature/Registered Agent

10/3/2017
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

10-2-2017
Date