

P19000056717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

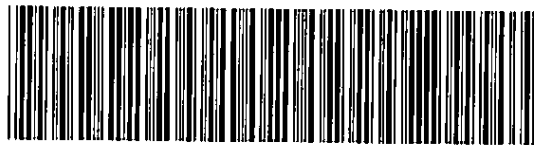
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100331623211

07/08/19--01024--008 \*\*75.75

FILED  
2019 JUL -8 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

N. SAMS

JUL 22 2019

## COVER LETTER

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

**SUBJECT:** DELIVERANCE GUEST HOUSES 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:** ANDY ANSOLA

Name (Printed or typed)

3671 NW 94TH AVENUE

Address

SUNRISE, FLORIDA, 33351

City, State & Zip

954-274-7233

Daytime Telephone number

andy.mroc@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: DELIVERANCE GUEST HOUSES INC

### ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3671 NW 94th Avenue, Sunrise, FL 33351

N/A

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide high quality residential services to those in substance abuse recovery with a structured program to prevent or minimize relapse or death due to overdose. This will be facilitated through a structured daily program with trained qualified staff delivering professional service and closely monitoring clients holding them accountable and encouraging them to use the tools that they acquired while in treatment.

### ARTICLE IV SHARES

The number of shares of stock is: 100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: ANDY ANSOLA PRESIDENT

Name and Title: KRISTINA BEST SECRETARY

Address: 3671 NW 94TH AVENUE

Address: 9500 NW 95TH STREET

SUNRISE, FL 33351

PEMBROKE PINES FL 33024

Name and Title: APRIL STOCKHOUSEN TREASURER

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

Address: 6475 W OAKLAND BLVD

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

APT 404 LAUDERHILL FL 33313

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

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

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

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

FILED  
2019 JUL -8 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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: ANDY ANSOLA

Address: 3671 NW 94TH AVENUE, SUNRISE FL 33351

\_\_\_\_\_

**ARTICLE VII INCORPORATOR**

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

Name: ANDY ANSOLA

Address: 3671 NW 94TH AVENUE SUNRISE FLOR

\_\_\_\_\_

FILED  
2019 JUL -8 PM 2:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE VIII EFFECTIVE DATE:** 06/02/2019

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*

Andy Ansola

Required Signature/Registered Agent

06/02/2019

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.*

Andy Ansola

Required Signature/Incorporator

06/02/2019

Date