

N 15000010678

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

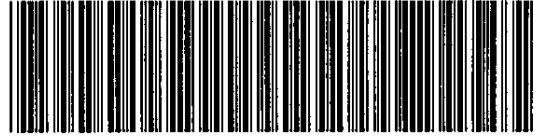
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J 11/3/15

COVER LETTER

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

SUBJECT: Russell Reed Foundation Community Center, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Russell Reed Jr.
Name (Printed or typed)
970 Lake Carillon Drive-Suite 300
Address
St. Petersburg, Florida 33716
City, State & Zip
(727) 218-8111
Daytime Telephone number
russellreedfoundation@yahoo.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS
STATE OF FLORIDA

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

EFFECTIVE DATE 11/01/15 **ARTICLES OF INCORPORATION**
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME
The name of the corporation shall be: Russell Reed Foundation Community Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:
970 Lake Carillon Drive
Suite 300
St. Petersburg, Florida 33716

Mailing address, if different is:
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CLERK OF STATE
ATLANTA, GEORGIA

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: This corporation is organized to receive and administer funds exclusively for charitable and educational purposes. The corporation will be operated exclusively as a non-profit corporation in accordance with the provisions of Section 501 (c) (3) of the Internal Revenue Code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: "see by-laws"

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:	<u>Russell Reed Jr.-President & CEO</u>	Name and Title:	<u>Pastor Robert L. Miller-Board of Truste</u>
Address	<u>970 Lake Carillon Drive</u> <u>Suite 300</u> <u>St. Petersburg, Florida 33716</u>	Address:	<u>970 Lake Carillon Drive</u> <u>Suite 300</u> <u>St. Petersburg, Florida 33716</u>
Name and Title:	<u>Cheri Aul-Treasurer</u>	Name and Title:	<u>Estelle Childs-Board of Trustees</u>
Address	<u>970 Lake Carillon Drive</u> <u>Suite 300</u> <u>St. Petersburg, Florida 33716</u>	Address:	<u>970 Lake Carillon Drive</u> <u>Suite 300</u> <u>St. Petersburg, Florida 33716</u>
Name and Title:	<u>Edward Russell-Secretary</u>	Name and Title:	<u>Eddie Rayam-Board of Trustees</u>
Address	<u>970 Lake Carillon Drive</u> <u>Suite 300</u> <u>St. Petersburg, Florida 33716</u>	Address:	<u>970 Lake Carillon Drive</u> <u>Suite 300</u> <u>St. Petersburg, Florida 33716</u>

Name and Title: Alfred Ford-Board of Trustees Name and Title: _____
Address: 970 Lake Carillon Drive Address: _____
Suite 300
St. Petersburg, Florida 33716

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI REGISTERED AGENT

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

Name: Russell Reed Jr.
Address: 970 Lake Carillon Drive
St. Petersburg, Florida 33716

ARTICLE VII INCORPORATOR

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

Name: Russell Reed Jr.
Address: 970 Lake Carillon Drive
St. Petersburg, Florida 33716

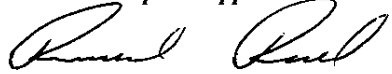
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: November 01, 2015. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business 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

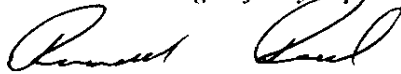


Required Signature of Registered Agent

November 01, 2015

Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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 of Incorporator

November 01, 2015

Date