

N15000011852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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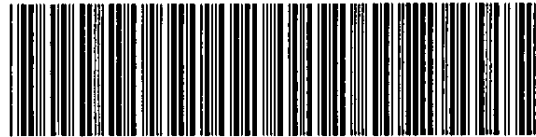
(Business Entity Name)

(Document Number)

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15 DEC 10 PM 4:31
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15 DEC 16 PM 4:50
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APPROVED
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EFFECTIVE DATE

01/01/16

12/16/15

COVER LETTER

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

SUBJECT: G. Momee, 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: Jacqueline Y. Perkins
Name (Printed or typed)

3437 Blue Jay Drive
Address

Tallahassee, FL 32305
City, State & Zip

(850) 294-3768 / (850) 656-3147
Daytime Telephone number

PJPM38@AOL.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 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: G. Momee, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address:

3437 Blue Jay Drive

Tallahassee, FL 32305

Mailing address, if different is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Forge public and private partnerships to facilitate the developmental, educational, emotional and social needs of young children and their families. G. Momee will also provide service and support to Grandmothers (and others) raising their grandchildren.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: As stipulated within the by-laws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Jacqueline Parker, President Name and Title: _____

Address: 3437 Blue Jay Drive Address: _____
Tallahassee, FL 32305

Name and Title: Daphne ~~Thompson~~ ^T Louise Name and Title: _____

Address: 141 Roosevelt Drive Address: _____
Midway, FL 32343

Name and Title: Kristen L. Mathis Name and Title: _____

Address: 6365 SW 143rd Lane Rd Address: _____
Ocala, FL 34473

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: Jacqueline Y. Perkins

Address: 3437 Blue Jay Dr
Tallahassee, FL 32305

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Jacqueline Y. Perkins

Address: 3437 Blue Jay Drive
Tallahassee, FL 32305

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TALLAHASSEE, FLORIDA

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ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 1/1/2016 (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

12/10/2015
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

12/10/2015
Date