

F20000004581

(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:

8/21 Corrected paperwork received
but not cert. WDC

W2-69640

Office Use Only



000346779970

06/30/20--01010--010 **78.75

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JUN 29 2020

CLERK OF STATE
TALLAHASSEE, FLORIDA

2020 OCT 19 PM 1:26

FILED

OCT 19 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SKYTOPIAN UMBRELLA TITLE I COMMUNITY DEVELOPMENT CENTER, INC.

Name of Corporation – must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", or "Certificate of Status" and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

GREGORY ROGERS

Name of Person

SKYTOPIAN UMBRELLA TITLE I COMMUNITY DEVELOPMENT CENTI

Firm/Company

3110 Harris street

Address

Savannah Georgia 31404

City/State and Zip Code

g.rogersky@gmail.com

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

For further information concerning this matter, please call:

Gregory Rogers

at (912) 224-7589

Name of Person

Area Code

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$70.00 Filing Fee

☒ \$78.75 Filing Fee &
Certificate of Status

☐ \$78.75 Filing Fee &
Certified Copy

☐ \$87.50 Filing Fee,
Certificate of Status &
Certified Copy

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO
CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN
THE STATE OF FLORIDA:*

1. Skytopian Umbrella Title I Community Development Center, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

SKYLYFE INC.

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. GEORGIA 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. NOVEMBER 27, 2012 5. _____
(Date of Incorporation) (Date of duration, if other than perpetual)
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 3645 EDGEWATER DRIVE, JACKSONVILLE FLA 32210
(Principal office street address)

(Current mailing address, if different)

8. Organized exclusively for charitable, scientific, civic, and educational purposes.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)

Name: Gregory Rogers

Office Address: 3645 Edgewater Drive

Jacksonville

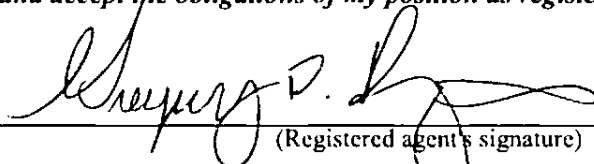
(City)

, Florida 32210

(Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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NOTARY OF STATE
JACKSONVILLE, FLORIDA

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12. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☒ Chairman Name: Gregory Rogers
☐ Vice Chairman Address: 3645 Edgewater Drive
☐ Director Jacksonville Florida, 32210.
☒ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Jazzman Lesane
☐ Vice Chairman Address: 2051 NW 1st Ave.
☐ Director Pompano Beach, FL. 33060
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Program Director ☐ Other: _____

☐ Chairman Name: Tiffany Williams
☐ Vice Chairman Address: 3645 Edgewater Drive
☐ Director Jacksonville Florida 32210
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Ex. Director ☐ Other: _____

☐ Chairman Name: Markieha R. Johnson
☐ Vice Chairman Address: 1278 The Grove Road
☐ Director Orange FL 32073
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other: Program Director ☐ Other: _____

☐ Chairman Name: Dawn Williams
☐ Vice Chairman Address: 3110 Harris street
☐ Director Savannah Georgia, 31404
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☐ Other: _____ ☐ Other: _____

☐ Chairman Name: Amber Allen-Smith
☐ Vice Chairman Address: 16397 Tisons Bluff
☐ Director Jacksonville FL 32218
☐ President _____
☐ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other: _____ ☐ Other: _____

NOTE: Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

13. [Signature]
(Signature of Chairman, Vice Chairman or any officer listed in number 12 of the application)

14. GREGORY ROGERS, TIFFANY J. WILLIAMS, DAWN WILLIAMS
(Typed or printed name and capacity of person signing application)

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CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

Skytopian Umbrella Title I Community Development Center Inc.

Executive Board of Directors Florida Branch

Gregory D Rogers (President & Chairman)

Sign

Gregory D Rogers

Tiffany J Williams (Vice President & Executive Director)

Sign

Tiffany J Williams

Dawn Williams (Secretary)

Sign

Dawn Williams

Amber Allen -Smith (Treasurer)

Sign

Amber Allen

Jazzman Lesane (Program Director)

Sign

Jazzman Lesane

Markiesha R. Johnson (Program Director)

Sign

Markiesha R. Johnson

Louis Williams (Program Advisor)

Sign

Louis Williams



SECRETARY OF STATE
OFFICE OF THE CLERK
1000 PENNSYLVANIA AVENUE
SUITE 1000
WASHINGTON, DC 20540

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STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

SKYTOPIAN UMBRELLA TITLE 1 COMMUNITY DEVELOPMENT CENTER, INC.

a Domestic Nonprofit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 19651652
Date Inc/Auth/Filed: 11/27/2012
Jurisdiction : Georgia
Print Date : 10/10/2020
Form Number : 211



Brad Raffensperger

Brad Raffensperger
Secretary of State



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 25, 2020

GREGORY ROGERS
3110 HARRIS STREET
SAVANNAH, GA 31404 US

SUBJECT: SKYTOPIAN UMBRELLA TITLE 1 COMMUNITY DEVELOPMENT
CENTER, INC.
Ref. Number: W20000069640

We have received your document for SKYTOPIAN UMBRELLA TITLE 1
COMMUNITY DEVELOPMENT CENTER, INC. . However, the enclosed
document has not been filed and is being returned to you for the following
reason(s):

A certificate of existence or a certificate of good standing, dated no more than 90
days prior to the delivery of the application to the Department of State, duly
authenticated by the secretary of state or other official having custody of the
records in the jurisdiction under the laws of which it is incorporated/organized,
must be submitted to this office. A translation of the certificate under oath of the
translator must be attached to a certificate which is in a language other than the
English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Mel Solomon
Senior Section Administrator

Letter Number: 220A00018514

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OCT 19 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2020

GREGORY ROGERS
3110 HARRIS STREET
SAVANNAH, GA 31404 US

SUBJECT: SKYTOPIAN UMBRELLA TITLE 1 COMMUNITY DEVELOPMENT
CENTER, INC.
Ref. Number: W20000069640

We have received your document for SKYTOPIAN UMBRELLA TITLE 1
COMMUNITY DEVELOPMENT CENTER, INC. and check(s) totaling \$78.75.
However, the enclosed document has not been filed and is being returned to you
for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an
individual or another business entity with an active registration or filing with this
office, having a Florida street address identical with that of the registered office.

The document must be signed by the chairman, any vice chairman of the board
of directors, its president, or another of its officers listed.

The name and title of the person signing the document must be noted beneath or
opposite the signature.

A certificate of existence or a certificate of good standing, dated no more than 90
days prior to the delivery of the application to the Department of State, duly
authenticated by the secretary of state or other official having custody of the
records in the jurisdiction under the laws of which it is incorporated/organized,
must be submitted to this office. A translation of the certificate under oath of the
translator must be attached to a certificate which is in a language other than the
English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call
(850) 245-6051.

Laura D Chang
Regulatory Specialist II

Letter Number: 220A00013201

*8/21/20 Received corrected paperwork doc
Cert was not received*