

N 000000001073

TRANSMITTAL LETTER

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

800003116458--7
-01/31/00--01111--010
*****78.75 *****78.75

SUBJECT: Bridging The Gap, Inc.
(Proposed corporate name - must include suffix)

FILED
00 FEB 17 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Dale B. Otto
Name (Printed or typed)

5427 C.R. 125

Address

Wildwood, FL 34785

City, State & Zip

352-793-3733

Daytime Telephone number

2/17
Informed client by
letter added new name
to Art. I and added
manner to Art. IV.

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

S. Thompson FEB 17 2000



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

February 4, 2000

DALE B. OTTO
5427 C.R. 125
WILDWOOD, FL 34785

SUBJECT: BRIDGING THE GAP, INC.
Ref. Number: W00000003196

We have received your document for BRIDGING THE GAP, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6929.

Shannon Thompson
Document Specialist

Letter Number: 500A00005774

Bridging The Gap

Director: Dale Otto

1789 CR48
PO Box 1600
Bushnell, FL 33513

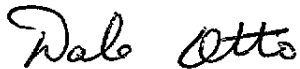
Phone 352-793-3733
Fax 352-793-1048

Dear Shannon Thompson,

Per telephone conversation 2-14-00 I hereby submit the name of the
Corporation as Bridging The Gap Lake/Sumter County, Inc.

Pertaining to Article IV, this is to verify that the election of
directors is as stated in the bylaws.

Sincerely,



Dale Otto

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Not for Profit Corporation Act, hereby adopt(s) the following Articles of Incorporation:

ARTICLE I NAME

The name of the corporation shall be:

Bridging The Gap Lake/Sumter County, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1789 C.R. 40 East
Bushnell, FL 33513

ARTICLE III PURPOSE(S)

The specific purpose(s) for which the corporation is organized is(are):

To distribute groceries to the poor and needy; mainly those referred by various social service agencies

ARTICLE IV MANNER OF ELECTION OF DIRECTORS

The manner in which the directors are elected or appointed is:

The election of directors is as stated in the bylaws.

ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Dale B. Otto
5427 C.R. 125
Wildwood, FL 34785

ARTICLE VI INCORPORATOR

The name and address of the Incorporator to these Articles of Incorporation are:

Dale B. Otto
5427 C.R. 125
Wildwood, FL 34785

Dale B. Otto

Signature/Incorporator

1-28-00

Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Dale B. Otto

Signature/Registered Agent

1-28-00

Date

FILED
00 FEB 17 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA