

TRANSMITTAL LETTER

**N6200007311**

Department of State  
Division of Corporations  
Tallahassee, FL 32314

SUBJECT: Fatherhood Assistance, Lifestyle & Legal Services, Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

000007950540--0  
-09/23/02--01005--007  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

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: Jimmie L. Gray  
Name (Printed or Typed)

1709 N. Howard Ave.  
Address

Tampa FL 33607  
City, State & Zip

813-253-0527  
Daytime Telephone number

02 SEP 23 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA  
**FILED**

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

*[Handwritten signature]*  
*9/23*

**ARTICLES OF INCORPORATION  
OF  
FATHERHOOD ASSISTANCE, LIFESTYLE & LEGAL SERVICES, INC.  
A Florida "Not for Profit" Corporation**

**FILED**  
02 SEP 23 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned, acting as the incorporators of a corporation organized under Chapter 617 of the Florida Statutes, adopt the following Articles of Incorporation:

**ARTICLE I**

**NAME OF CORPORATION**

**1-1. The name of the Organization shall be the Fatherhood Assistance Lifestyle and Legal Services, Inc.**

**ARTICLE II**

**PRINCIPAL OFFICE LOCATION**

**2-1. The principal office location of the Corporation is at 4202 Nassau St., Tampa, Florida, 33607.**

**ARTICLE III**

**DURATION**

**3-1. The Corporation shall be in perpetual existence. Corporate existence shall commence on the date of the filing of these Articles of Incorporation with the Florida Division of Corporations.**

**ARTICLE IV**

**PURPOSES**

**The purposes of the FALLS are to: Promote Responsible Fatherhood and Reduce Domestic Violence by presenting programs that:**

**4-1. Eliminate gender-based prejudice and discrimination against males.**

**4-2. Educate the public on the subject of fatherhood in general and the role of divorced/ non-custodial fathers in particular.**

**4-3. Enhance and safeguard the interests of children and to protect and improve their relationships with their fathers and significant males in their lives, within and**

outside the family, in advance of, during, and after divorce, while being sensitive in respect and inclusive of the similar rights and involvement of mothers.

4-4. Serve as a networking vehicle for men's, fathers', and children's organizations interested in and desirous of advancing an equitable participation of both parents in the parenting of their children. Serve as a resource for individuals desirous of creating an organization for these purposes.

4-5. Cooperate with other organizations and institutions pursuing those purposes mutually common with the Fatherhood Assistance Lifestyle and Legal Service (FALLS).

#### 4-6. MISSION STATEMENT

The mission of the Fatherhood Assistance Lifestyle and Legal Service, the(FALLS), is to serve as a local organization, assisting in state and local efforts, compatible with our goal of assisting parents who desire to remain actively involved in the lives of their children, regardless of marital status.

We desire to provide a forum to coordinate local efforts, to impact national initiatives, and to bring national attention to local concern of our group, community, and members.

We encourage active parental involvement, including emotional and financial support by both parents.

### ARTICLE V

#### MEMBERSHIP and VOTING

5-1. Membership in the FALLS shall be of two classes.

5-1a. **INDIVIDUAL MEMBERSHIP.** An individual in sympathy with the purposes of the FALLS may become an individual member by paying annual dues as determined by the Board.

5-1b. **AFFILIATED ORGANIZATION MEMBERSHIP.** An organization whose purposes are in concert with those of the FALLS may become a FALLS **AFFILIATED ORGANIZATION** by paying annual dues as determined by the **BOARD.**

5-2. Annual dues are not pro-ratable but can be refunded in the event of termination of membership at the discretion of the president.

**5-3. The BOARD, by affirmative vote of two-thirds of the entire BOARD, may suspend or expel an Individual Member or Affiliated Organization for cause after an appropriate hearing. Once terminated by BOARD action, an Individual Member or Affiliated Organization may be reinstated only by vote of two-thirds of the entire BOARD, and payment of appropriate dues.**

**5-4. Membership in the Fatherhood Assistance and Lifestyle Service is not transferable.**

**5-5. VOTING:**

**5-5a. Voting membership of the FALLS shall be composed of persons who have paid INDIVIDUAL annual registration dues to the FALLS. Each person is entitled to one vote at any Annual or Special Meeting of the Fatherhood Assistance Lifestyle and Legal Service (FALLS).**

**5-6. QUORUM:**

**5-6a. A quorum is required for all business meetings and shall consist of 5 (five) registered members.**

**ARTICLE VI**

**BOARD OF DIRECTORS AND OFFICERS**

**6-1. The Officers and Board of Directors shall consist of a President, Vice President, Secretary, Treasurer, and three (3) to eleven (11) registered members. These officers and directors shall be selected by a majority vote of the legal members as described in Article V.**

**ARTICLE VII**

**INITIAL DIRECTORS/OFFICERS**

**7-1. NAME**

**ADDRESS**

**Dea. Fred Gray**

**4217 W. Nassau St. Tampa, FL 33607**

**Jimmie Leon Gray**

**1709 N. Howard Ave. Tampa., FL 33607**

**William Johnson**

**1707 E. Frierson Ave. Tampa, FL 33610**

**Rev. George Lewis**

**4206 W. Nassau St. Tampa, FL 33607**

**Charlene W. Reeves**

**1928 W. Spruce St. Tampa, FL 33607-3010**

**Rev. Linda Reese**

**7304 36<sup>th</sup> Ave. S. Tampa, FL 33612**

**ARTICLE VIII**

**INITIAL REGISTERED AGENT AND STREET ADDRESS**

8-1. Rev. George Lewis

4206 W. Nassau St. Tampa, Fl. 33607

**ARTICLE IX**

**INCORPORATOR**

9-1. Jimmie Leon Gray

1709 N. Howard Ave. Tampa, Fl. 33607

\*\*\*\*\*

Having been named as registered agent to accept service of process for the 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.

  
\_\_\_\_\_  
Signature/Registered Agent

9/16/02  
Date

  
\_\_\_\_\_  
Signature/Incorporator

9-16  
Date

02 SEP 23 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FILED**